

RECEIVED

(1949 Revision of Standard Certificate)

JAN 28 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

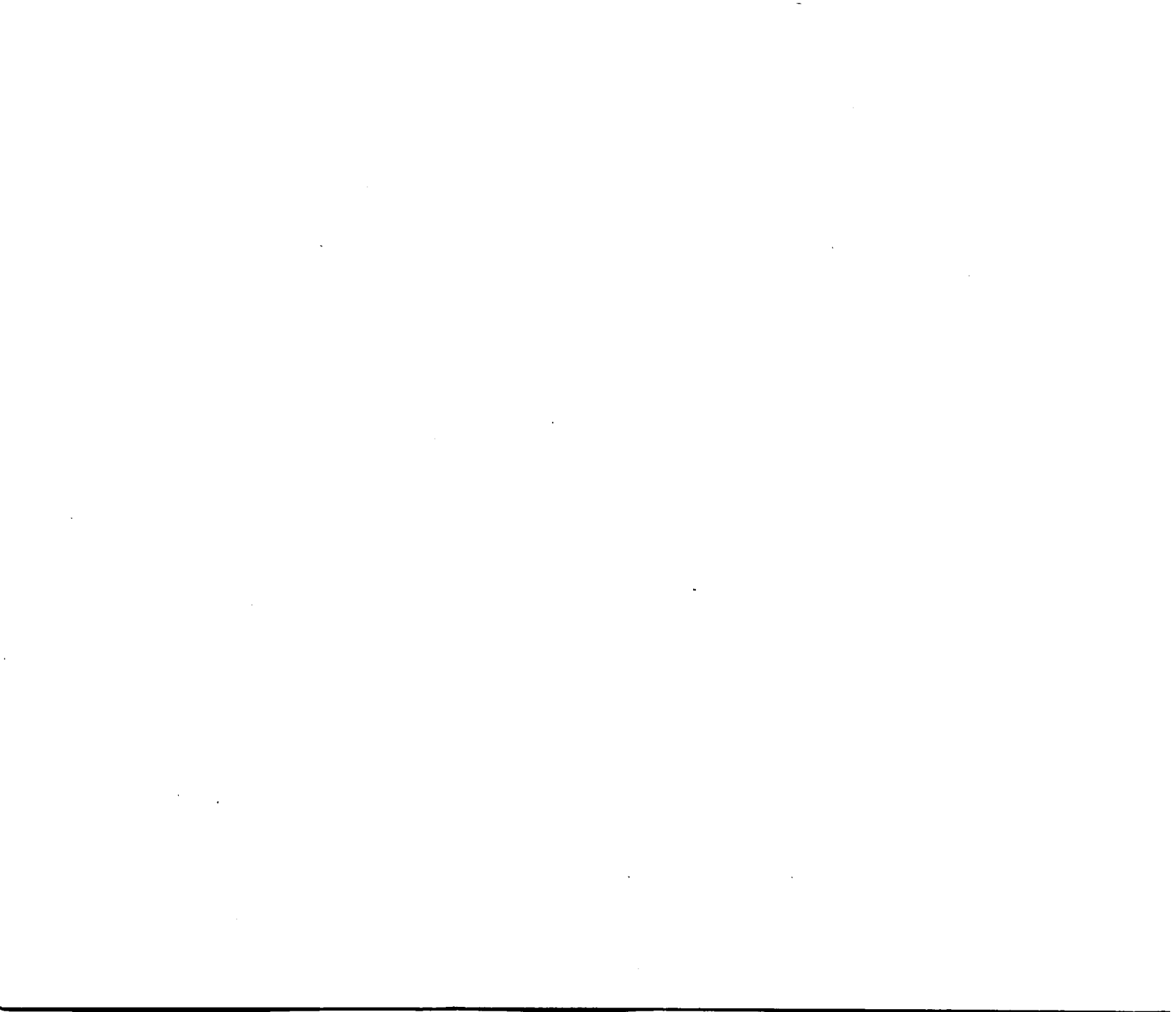
State File No. 001

Local Reg. No. 5

Reg. Dist. No. 270

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		b. COUNTY Ada	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphense		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meridian	
d. STREET ADDRESS 337 E. Pine		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Hale			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 5 1955
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Wilton		b. (Middle) Garrettson	
c. (Last) Hale		d. (Last) White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Claytonfield, N. J.	11a. USUAL OCCUPATION Radio and T.V.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Eugene		b. (Middle) Leetham	
c. (Last) White		c. (Last) White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Salem, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT M. H. Hale		a. How many children are now living? Four	b. How many children were born alive but are now dead? none
18a. LENGTH OF PREGNANCY 28 WEEKS		18b. WEIGHT AT BIRTH 4 LBS. 10 OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept 1954		20a. FETAL CAUSES anencephalia monster	
20b. MATERNAL CAUSES polyhydramnios		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY Labor induced mantrones Ruptured		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Carl B. Smithson M.D.	
23b. ATTENDANT'S ADDRESS Boise Idaho		23c. DATE SIGNED 1-6-55	
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Daniel G. Libeau		25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
25b. DATE Jan. 6 1955		25c. NAME OF CEMETERY OR CREMATORY St. John's	
25d. LOCATION (City, town, or county) Boise, Idaho		25e. (State)	
DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE Myrtle Palmer	
26. FUNERAL DIRECTOR Schreiber-McCann-Gibson-Boise		ADDRESS	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 002
 Local Reg. No. 17
 Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meridian</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>36 W. Carlton</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY WORTHINGTON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 10, 1955</u>
7. FATHER'S NAME a. (First) <u>Cecil</u> b. (Middle) <u>E.</u> c. (Last) <u>Worthington</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION <u>Lineman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Idaho Power Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Phylliss</u> b. (Middle) <u>Jean</u> c. (Last) <u>Naftel</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Alameda, California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Cecil E. Worthington</u>			
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <input checked="" type="checkbox"/>	
		20b. MATERNAL CAUSES <u>Placenta Praevia - Premature Separation</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Bleeding + rupt 2 membranes @ 2 mos</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. B. Daines M.D.</u>	
		23b. DATE SIGNED <u>1/14/55</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. N. Latah</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>1-12-55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>		25d. LOCATION (City, town, or county) (State) <u>Boise Ada Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-21-55</u>		26. FUNERAL DIRECTOR ADDRESS <u>RELYEA MORTUARY</u> <u>Boise, Idaho</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEJAN 21 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 16Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	
3. CHILD'S NAME (Type or Print) <u>NOT NAMED</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 10, 1955</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Park</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Murray, Utah</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Grace</u> b. (Middle) <u>L.</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shelley, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Five</u> b. How many children were born alive but are now dead? <u>Five</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Grace L. Park</u> Mother			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:10 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Ralph E. Foster M.D.</u>	
23b. DATE SIGNED <u>1-12-55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>William C. Seltzer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>1-11-55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Walter E. Foster Acting</u>	
26. FUNERAL DIRECTOR <u>William C. Seltzer</u>		ADDRESS	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 42
Reg. Dist. No. 6.1.2

FEB 8 1955

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Bingham</u>		a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
3. CHILD'S NAME (Type or Print) <u>NOT NAMED</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 29, 1955</u>
7. FATHER'S NAME a. (First) <u>George</u>		b. (Middle) <u>Walters</u> c. (Last) <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Thomas Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Verleen</u>		b. (Middle) <u>Borrowman</u> c. (Last) <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Thomas, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <u>Four</u>	b. How many children were born alive but are now dead? <u>None</u>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Elaine Jensen</u> Clerk			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none known</u>	
		20b. MATERNAL CAUSES <u>none known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:06</u> P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. M. D.</u>	
		23b. DATE SIGNED <u>MS 2-2-53</u>	
23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alfred Ostergar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>1-30-55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27 1955</u>	REGISTRAR'S SIGNATURE <u>Mr. Charles E. Davis</u>	26. FUNERAL DIRECTOR <u>Alfred Ostergar</u>	

FEB 14 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

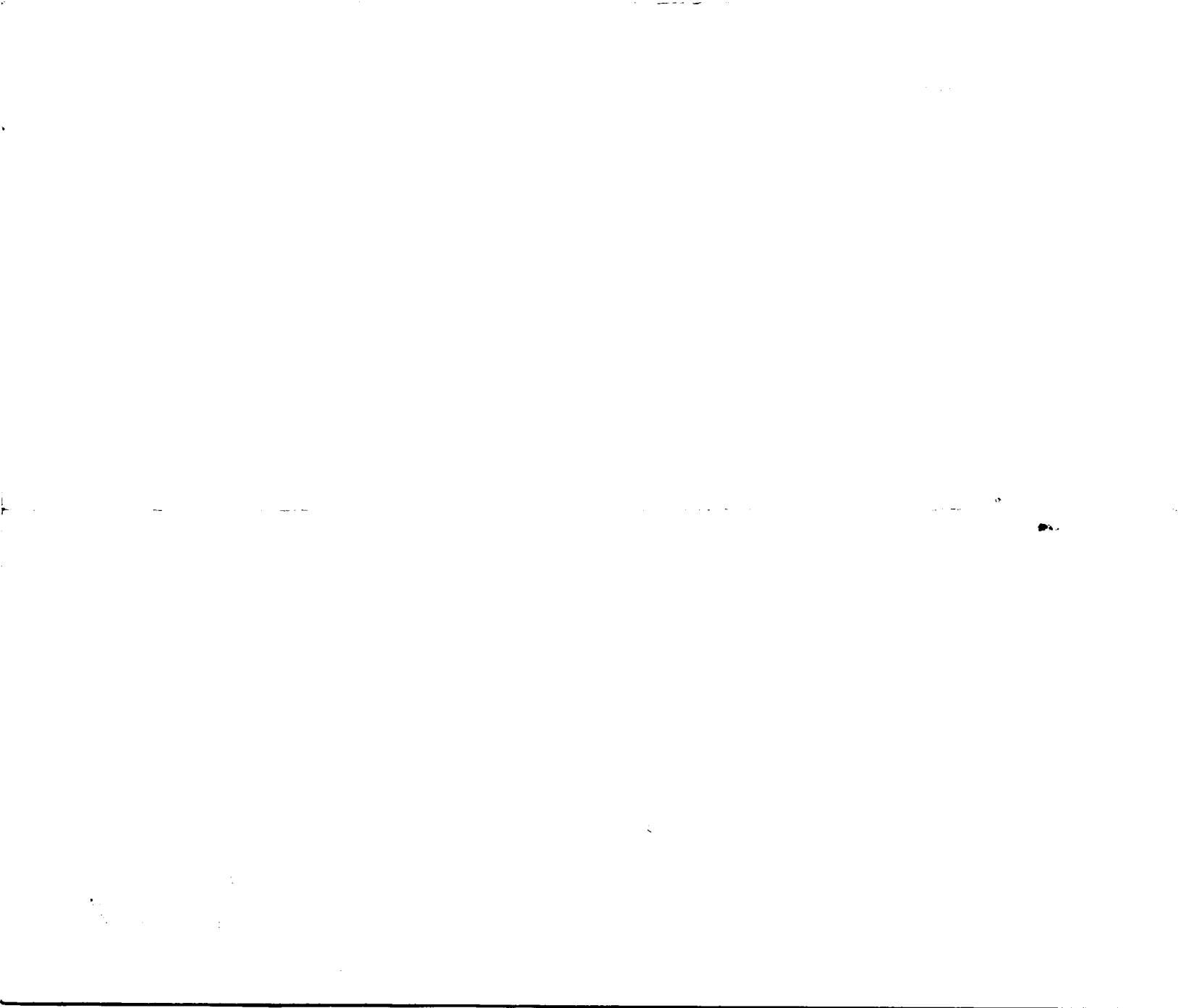
State of Idaho

State File No. 005

Local Reg. No. 15

Reg. Dist. No. 670

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) Idaho Falls	
3. CHILD'S NAME (Type or Print) Baby Girl Simmons			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 15, 1955
7. FATHER'S NAME a. (First) Heber b. (Middle) Douglas c. (Last) Simmons		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Oregon	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Virginia b. (Middle) Dorine c. (Last) Pemberton		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. Lloyd Gray			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown (Dead at least 1 week) 20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Joseph M. Walsh M.D.		23b. DATE SIGNED 17 Jan 55
	23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/17/55	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Feb. 8-1955	REGISTRAR'S SIGNATURE Anna Bridges 26. FUNERAL DIRECTOR Jack A. Wood ADDRESS Idaho Falls, Idaho		



(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

RECEIVED **State of Idaho**State File No. **006**Local Reg. No. **190**Reg. Dist. No. **690**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		FEB 22 1955		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Butte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		Division of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arco			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital				d. STREET ADDRESS (If rural, give location)			
3. CHILD'S NAME (Type or Print) Judith Ann Miller							
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 27, 1955				
7. FATHER'S NAME a. (First) Stanley		b. (Middle) L..		c. (Last) Miller		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Idaho		11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) Alice		b. (Middle) Ruth		c. (Last) Bate		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1				
17. INFORMANT Stanley L. Miller							
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20. FETAL CAUSES Premature separation of placenta					
		20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Essential hypertension				22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Kenneth S. Bulls, M.D.		Specify if M. D., midwife, or other)		23b. DATE SIGNED 2/8/55	
		23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 1/28/55		25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho	
DATE REC'D BY LOCAL REG. Feb. 17-1955		REGISTRAR'S SIGNATURE Anna Bridges		26. FUNERAL DIRECTOR'S ADDRESS Jack A. Wood, Idaho Falls, Idaho			

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(1949 Revision of Standard Certificate)

State File No.

Local Reg. No. 3Reg. Dist. No. 360

JAN 18 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH

a. COUNTY

CANYON

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Caldwell

c. FULL NAME OF HOSPITAL OR INSTITUTION

Caldwell Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

CANYON

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Greenleaf

d. STREET
ADDRESS

(If rural, give location)

3. CHILD'S NAME

((Type or Print))

Darlene

Joy

Delamarter

Baby

Girl

Delamarter

4. SEX

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

January 7-1955

7. FATHER'S NAME

a. (First)

Jack

b. (Middle)

Heroy

c. (Last)

Delamarter

8. COLOR OR RACE

White

9. AGE (At time of this birth)

22 YEARS

10. BIRTHPLACE (State or foreign country)

McMinnville - Oregon

11a. USUAL OCCUPATION

Student

11b. KIND OF BUSINESS OR INDUSTRY

Cascadia College - Portland

12. MOTHER'S MAIDEN NAME

a. (First)

Verna

b. (Middle)

Dixie

c. (Last)

Lisher

13. COLOR OR RACE

White

14. AGE (At time of this birth)

21 YEARS

15. BIRTHPLACE (State or foreign country)

Seattle - Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

1. Guy a Delamarter

Greenleaf, Ida.

18a. LENGTH OF PREGNANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. 9 3/4 OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

unknown

20b. MATERNAL CAUSES

unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 p.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

Jan 8-55

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

Jan. 10, 1955

25c. NAME OF CEMETERY OR CREMATORY

Greenleaf Cemetery

25d. LOCATION (City, town, or county)

Greenleaf

(State)

Idaho

DATE REC'D BY LOCAL REG.

1-11-55

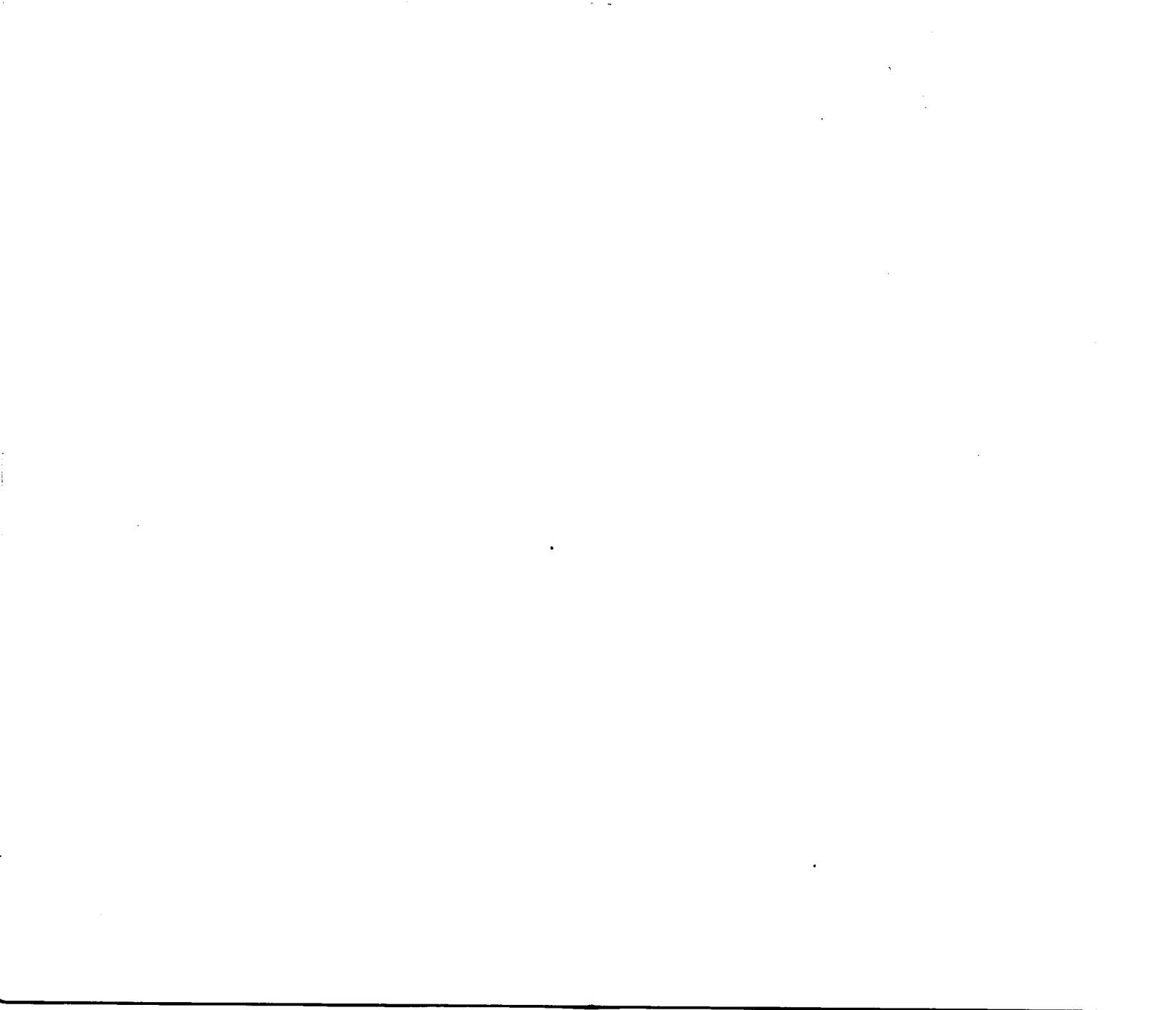
REGISTRAR'S SIGNATURE

Agnes M. Denman

26. FUNERAL DIRECTOR

Davis-Warrick Funeral Home

Caldwell, Idaho



RECEIVED

JAN 18 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 001

Local Reg. No. 7

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Owyhee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Homevale</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy LAW</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. OF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 10-55</u>
7. FATHER'S NAME a. (First) <u>Norman</u> b. (Middle) <u>Eugene</u> c. (Last) <u>LAW</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Sigan - Utah</u>	11a. USUAL OCCUPATION <u>farm laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rhea</u> b. (Middle) <u>Lucille</u> c. (Last) <u>Powell</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Coeville - Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>True Knot in umbilical chord</u>	
		20b. MATERNAL CAUSES <u>no</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 A. m.</u>		23a. ATTENDANT'S SIGNATURE <u>John F. Stecher MD</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>1-11-55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Paul Schlegel</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 12, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-15-55</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>	26. FUNERAL DIRECTOR <u>Paul Schlegel</u> ADDRESS <u>Nampa, Idaho</u> <u>Alsip Funeral Chapel</u>	

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(1949 Revision of Standard Certificate)

JAN 31 1955
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

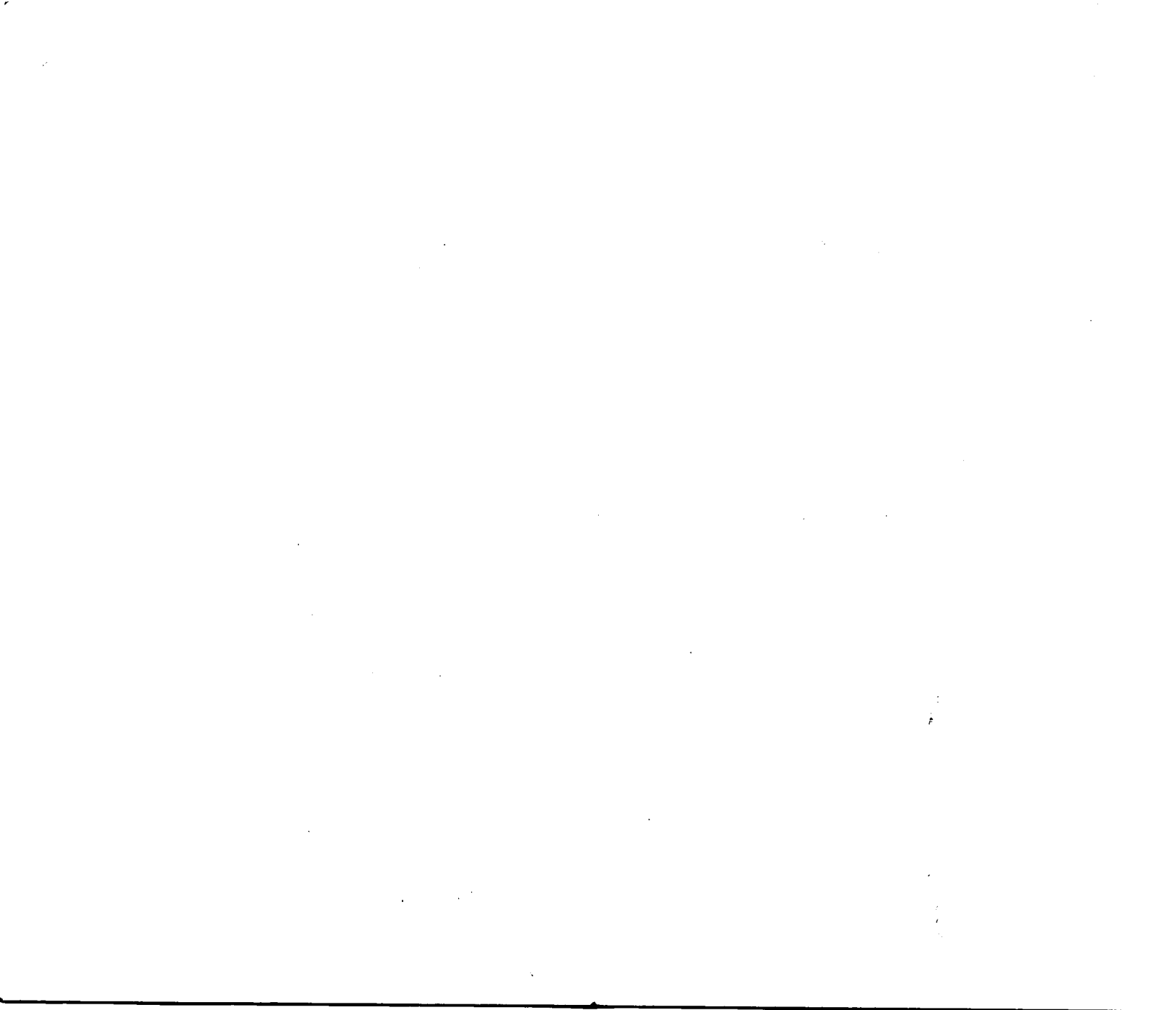
State of Idaho

State File No. 009

Local Reg. No. 21

Reg. Dist. No. 360

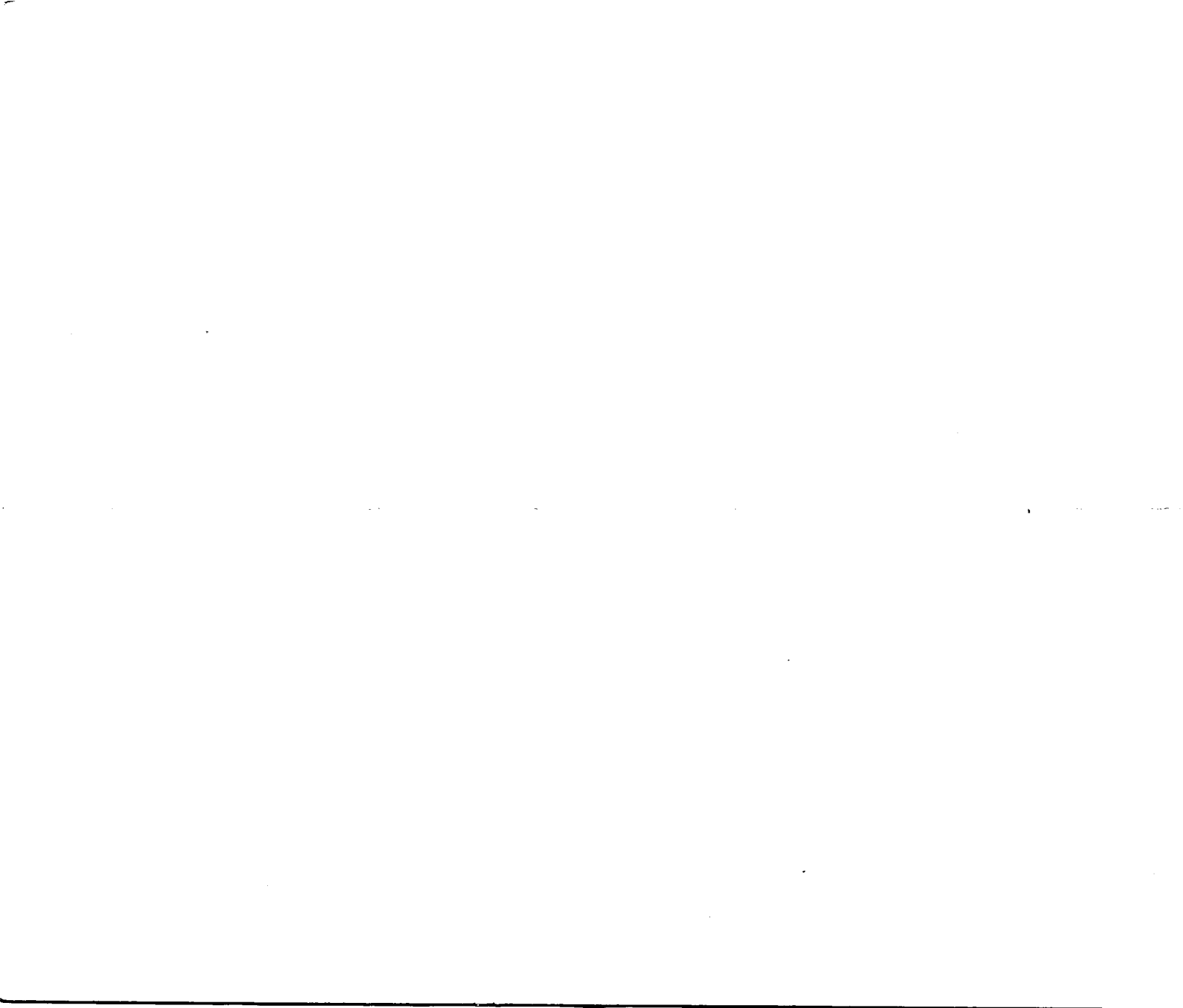
1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY OR TOWN <u>Caldwell</u>		c. CITY OR TOWN <u>Caldwell</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2719 Colo. Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Wanda Gale Johnson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 22, 1955</u>
7. FATHER'S NAME a. (First) <u>Dennis</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>30 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Effie, Minn.</u>	11a. USUAL OCCUPATION <u>Sales Rep.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Spray Chemical Corp.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sarah</u> b. (Middle) <u>Camelia</u> c. (Last) <u>Sutton</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>26 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Bella, Tenn</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Dennis Johnson - Father</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>7</u>	18b. WEIGHT AT BIRTH LBS. <u>9 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Umbilical cord wrapped tightly around the neck</u>			
20a. FETAL CAUSES		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Oakley H. Haaver M.D.</u>	
23b. DATE SIGNED <u>1/22/55</u>		23c. ATTENDANT'S ADDRESS <u>Caldwell, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Merrell R. Davis</u>		TITLE <u>Davis-Warrick Funeral Home Caldwell, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 24, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-28-55</u>		REGISTRAR'S SIGNATURE <u>Agneta M. Newman</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 010Local Reg. No. 2Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa c. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa d. STREET ADDRESS (If rural, give location) Route #5	
3. CHILD'S NAME (Type or Print) Ted Dewayne Vassar			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> X TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 11 1955
7. FATHER'S NAME a. (First) Francis b. (Middle) Dean c. (Last) Vassar		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Farming & Labor	
12. MOTHER'S MAIDEN NAME a. (First) Wilma b. (Middle) Leona c. (Last) Parsons		13. COLOR OR RACE White	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Parma, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Francis D. Vassar</i> Nampa, Idaho CHS			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Henry C. Wesche M.D.</i>	23b. DATE SIGNED 1-13-55
		23c. ATTENDANT'S ADDRESS Nampa, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Beckham-Dallas Chapel
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 13, 1955	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. January 23, 1955	REGISTRAR'S SIGNATURE <i>Miss Jane Street</i>	26. FUNERAL DIRECTOR Caldwell, Idaho	



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(1949 Revision of Standard Certificate)

FEB 7 1955

CERTIFICATE OF STILLBIRTH

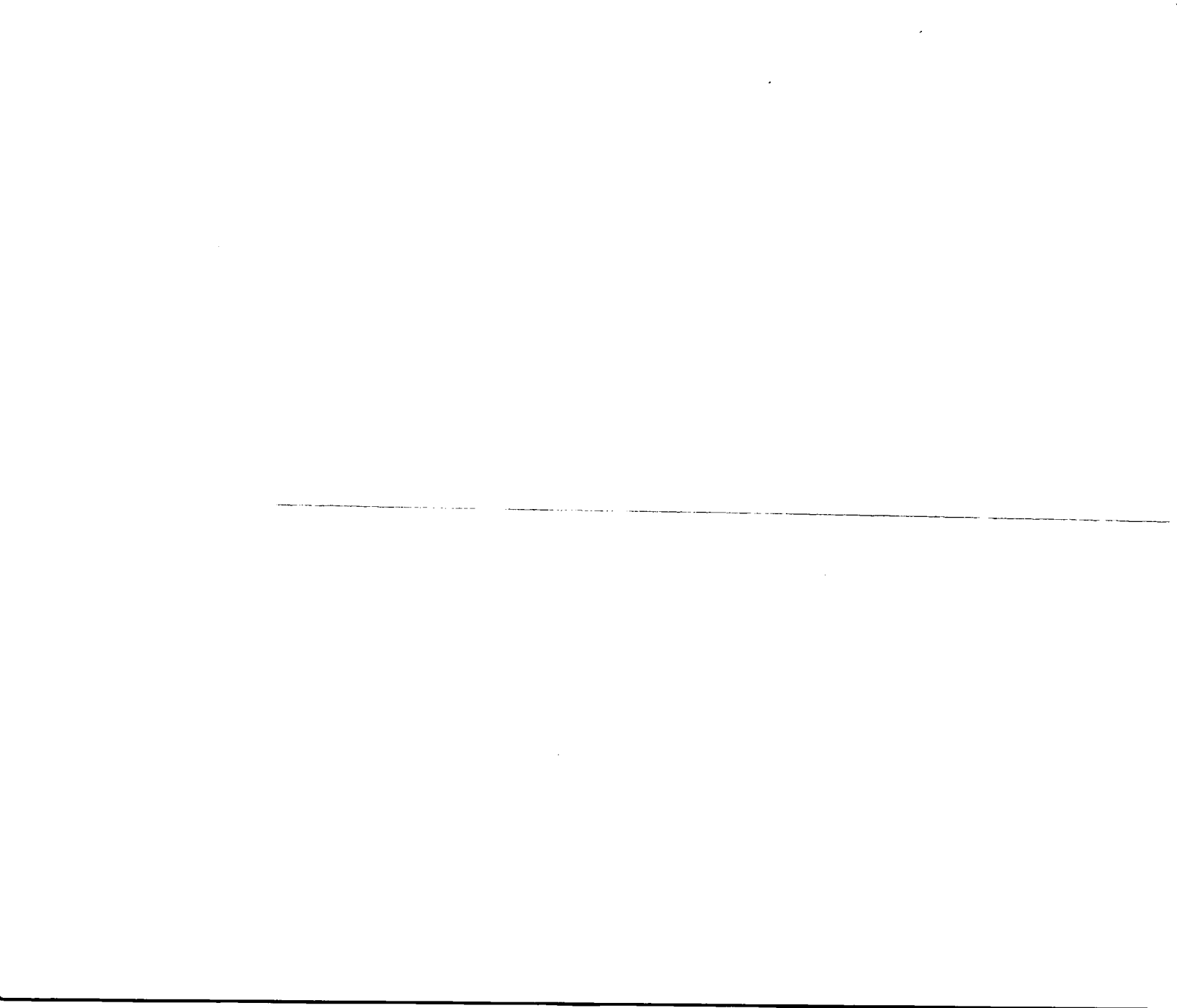
Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 3Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1011 4th St. No.	
3. CHILD'S NAME (Type or Print) BOBBY DEAN WELLS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 21, 1955
7. FATHER'S NAME a. (First) RALPH b. (Middle) LEE c. (Last) WELLS		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) LOTTIE b. (Middle) FAYE c. (Last) HAYES		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT * Ralph L. Wells			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none.	
		20b. MATERNAL CAUSES four loops of cord about infant neck - 2 two loops interlocked	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none.		22. STATE ALL OPERATIONS FOR DELIVERY Outlet forcep.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE W. B. Ross 23c. ATTENDANT'S ADDRESS Nampa, Idaho	
		23b. DATE SIGNED 1/26/55 24. SIGNATURE OF AUTHORIZED OFFICIAL Lewis Edmunds TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/25/55	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. Feb. 4, 1955		26. FUNERAL DIRECTOR ADDRESS Lewis Edmunds Mortuary	



(1979 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
FEB 2 1955
State of Idaho
Division of Vital Statistics

State File No. 017
Local Reg. No. 2
Reg. Dist. No. 223

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Meridian,</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Joslin Ree Cwnby</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 29 1955</u>
7. FATHER'S NAME <u>Elmer Dale Cwnby</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa Idaho</u>	11a. USUAL OCCUPATION <u>Dairy Employee</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Jielen Jane Sedlacek</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nampa Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Dale Cwnby</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>1. Toxemia Pregnancy 2- Retroplacental Hemorrhage, Central</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia of pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>F. D. Kachner, M. D.</u>		23b. DATE SIGNED <u>Feb. 2, 1955</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ben Robinson</u>	TITLE <u>Meridian, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1-31-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Meridian</u>	25d. LOCATION (City, town, or county) (State) <u>Meridian, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jane Robinson</u>		

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(1949 Revision of Standard Certificate)

JAN 14 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 011

Local Reg. No. 360

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Declo</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 17</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Riding</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 1, 1955</u>
7. FATHER'S NAME a. (First) <u>Myrl</u> b. (Middle) <u>F.</u> c. (Last) <u>Riding</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. George, Utah</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Edna</u> b. (Middle) <u>M.</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Byron, Wyoming</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Myrl F. Riding</u>			
18a. LENGTH OF PREGNANCY <u>18</u> WEEKS	18b. WEIGHT AT BIRTH <u>-</u> LBS. <u>-</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>-</u> Approximate date <u>Oct 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>4 1/2 mo. prematurity</u> 20b. MATERNAL CAUSES <u>undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>-----</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
23b. DATE SIGNED <u>1-6-55</u>		23c. ATTENDANT'S ADDRESS <u>[Signature]</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		23e. TITLE <u>[Signature]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>1/1/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cottage Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-13-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Burley, Ida.</u>

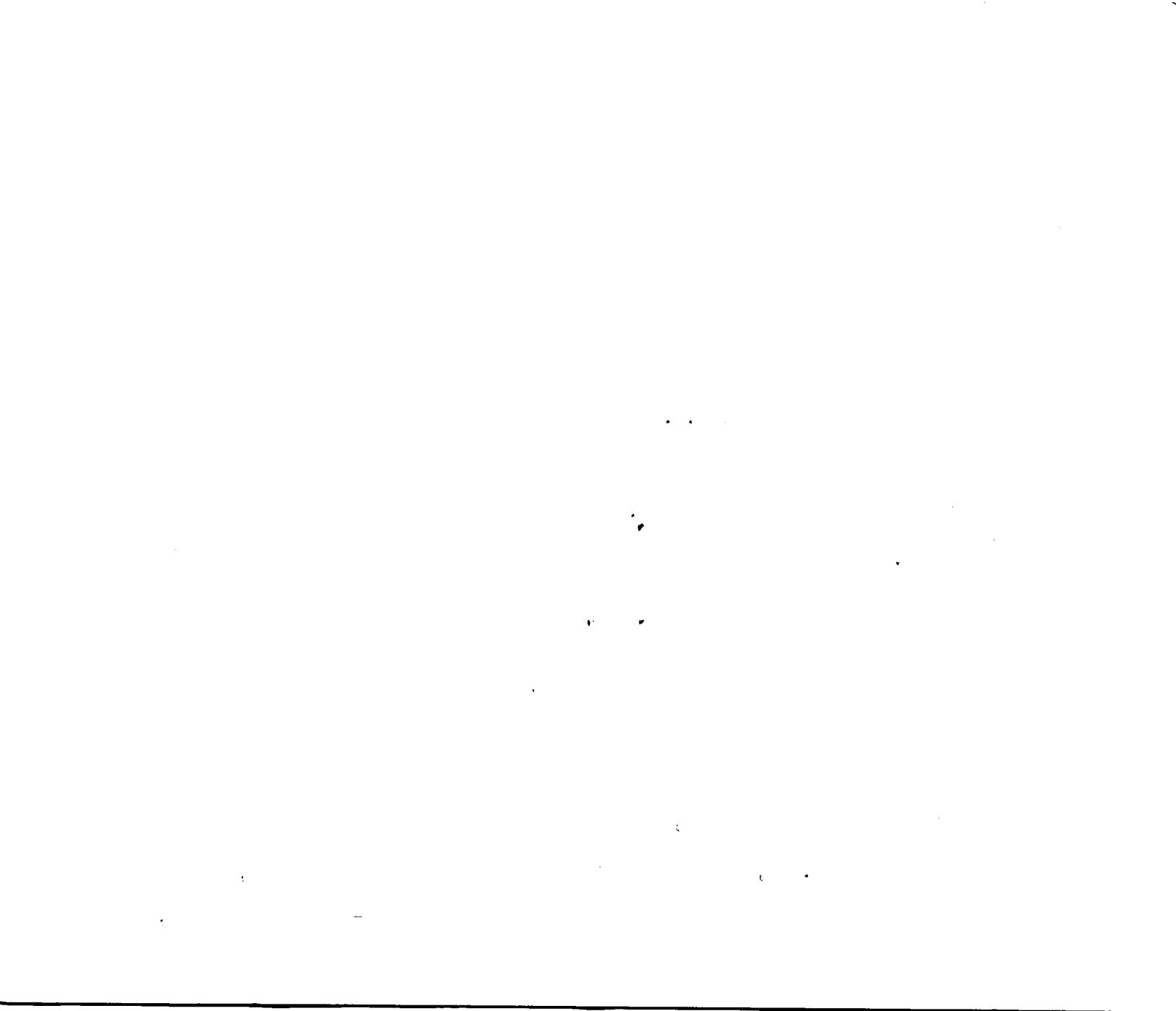
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FEB 3 1955

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 016
Local Reg. No. 2
Reg. Dist. No. 380

1. PLACE OF BIRTH a. COUNTY ELMORE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDAHO c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION USAF HOSPITAL		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME AIR FORCE BASE, IDAHO d. STREET ADDRESS (If rural, give location) PHA HOUSING 275	
3. CHILD'S NAME (Type or Print) SHARON KAY BEECHER			
4. SEX F	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JAN 18 1955
7. FATHER'S NAME a. (First) WILLARD b. (Middle) CORUM c. (Last) BEECHER		8. COLOR OR RACE CAU	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) DEERING, N.D.	11a. USUAL OCCUPATION USAF(NCO)	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME a. (First) KATHERINE b. (Middle) MARIE c. (Last) HEPPNER		13. COLOR OR RACE CAU	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) PLENTYWOOD, MONT.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Willard C Beecher WILLARD C. BEECHER (FATHER)			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 22 AUG 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES NEONATAL ANTEPARTUM NEONATAL ASPHYXIA 20b. MATERNAL CAUSES INTERTWINED TWIN CORDS WITH OCCLUSION OF BLOOD SUPPLY	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE EXCEPT ABOVE		22. STATE ALL OPERATIONS FOR DELIVERY ROUTINE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:18 p. m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Robert L. Morgan M.D.		23b. DATE SIGNED 18 JAN 55
	23c. ATTENDANT'S ADDRESS USAF HOSP MT HOME AFB, IDAHO	If NOT attended by physician <input checked="" type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Ray Mortuary
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 20, 1955	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 20, 1955 - A. Anderson		26. FUNERAL DIRECTOR ADDRESS Donald E. Mc Gill	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEFEB 9 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. *16*Reg. Dist. No. *640*

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewisville	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby ERICKSON			
4. SEX	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 17, 1955
7. FATHER'S NAME a. (First) ROBERT b. (Middle) WILLIAM c. (Last) ERICKSON		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) St. Anthony, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Dora b. (Middle) Jean c. (Last) Armstrong		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Robert W. Erickson</i>		18a. LENGTH OF PREGNANCY WEEKS	
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Not Known</i>	
		20b. MATERNAL CAUSES <i>Not Known</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Macerated Fetus</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Spontaneous</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1-17-55 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Clifford B. Rigby M.D.</i>	
23b. DATE SIGNED 2-7-55		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Rigby, Idaho</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 1/17/1955	
25c. NAME OF CEMETERY OR CREMATORY Rigby Jefferson Idaho.		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Feb 7-55		26. FUNERAL DIRECTOR <i>Mrs. A. Beckersell</i> ADDRESS Rigby, Idaho.	

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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

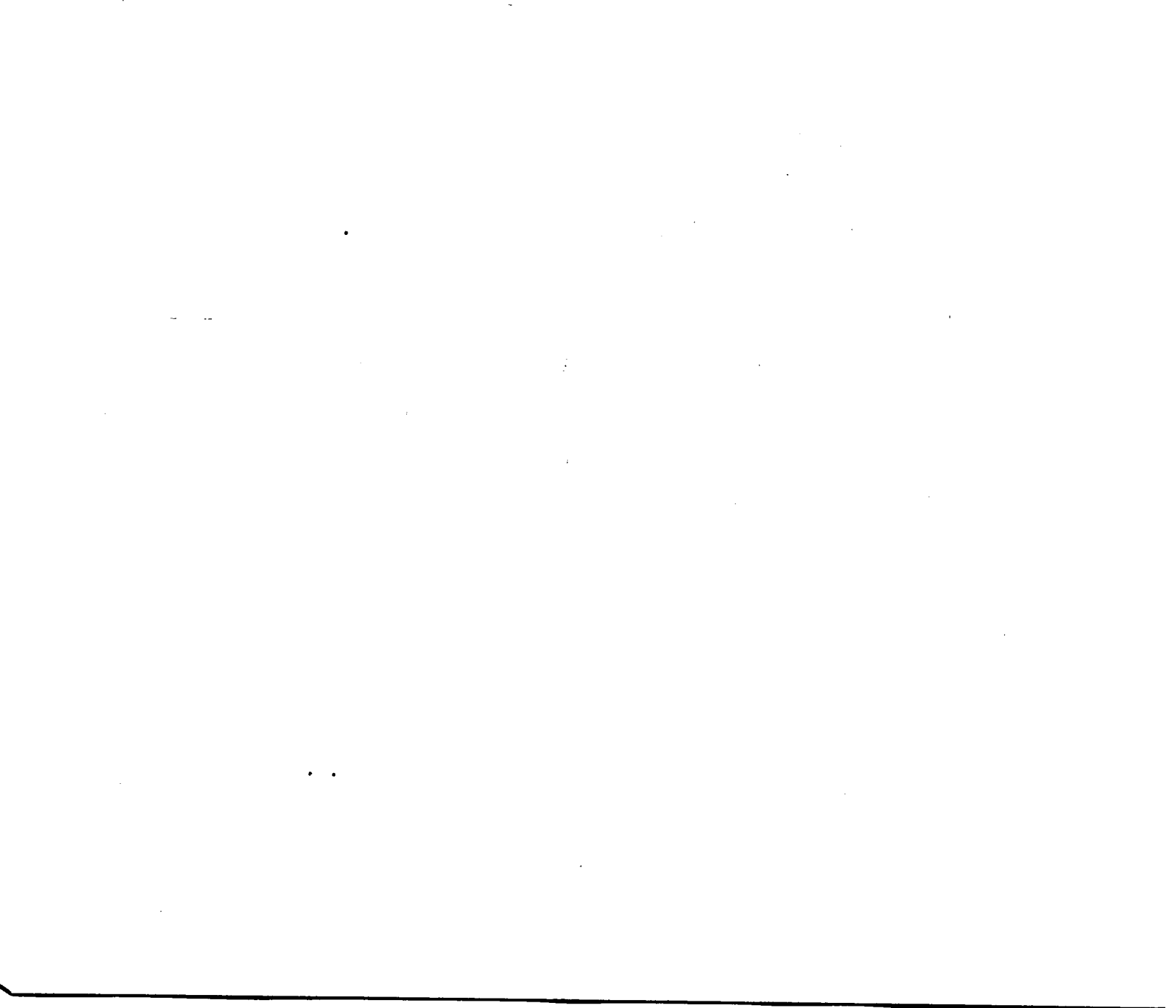
State of Idaho

State File No. 010

Local Reg. No. 1

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Post Falls		
c. FULL NAME OF HOSPITAL OR INSTITUTION Lake City Hospital			d. STREET ADDRESS (If rural, give location) Rte. # 1		
3. CHILD'S NAME (Type or Print) John Edward Banka					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1-26-55		
7. FATHER'S NAME a. (First) Everett		b. (Middle) William		c. (Last) Banka	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY Lumber Industry	
12. MOTHER'S MAIDEN NAME a. (First) Donna		b. (Middle) Marie		c. (Last) Kirchner	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT Everett W. Banka					
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/> Approximate date June 1954			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES Premature separation of the placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY Emergency Cesarean Section		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Louise Bumpstead M.D.		23b. DATE SIGNED 1-27-55	
23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Gilbert Yates	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE 1-29-55	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery		25d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho	
DATE REC'D BY LOCAL REG. 1-29-55	REGISTRAR'S SIGNATURE Lorraine K. Bruch		26. FUNERAL DIRECTOR ADDRESS Gilbert Yates, Coeur d'Alene, Idaho		



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Division of Vital Statistics

FEB 11 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 017

Local Reg. No. 1

Reg. Dist. No. 6.3.0

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY OR TOWN Rexburg		c. CITY OR TOWN Thornton	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rexburg Memorial Hosp.		d. STREET ADDRESS (If rural, give location) X	
3. CHILD'S NAME (Type or Print) BABY BUTLER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 8, 1955
7. FATHER'S NAME a. (First) Harold b. (Middle) Samuel c. (Last) Butler		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Lyman, Idaho	11a. USUAL OCCUPATION Electrician	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Lola b. (Middle) Marjorie c. (Last) Scott		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Annis, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Harold S. Butler			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date August 23, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Eclampsia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Eclampsia		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:20 A m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) A. C. Langel, M.D.	
23c. ATTENDANT'S ADDRESS Rexburg, Idaho		23b. DATE SIGNED Jan. 9, 1955	
24. SIGNATURE OF AUTHORIZED OFFICIAL Leonora Flamm		TITLE Registress	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/8/55	25c. NAME OF CEMETERY OR CREMATORY Archer-Lyman	25d. LOCATION (City, town, or county) (State) Archer, Idaho
DATE REC'D BY LOCAL REG. 1-12-55		26. FUNERAL DIRECTOR W. C. Rigby ADDRESS Rigby, Idaho	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 918Local Reg. No. 1Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>624 A. Lindsay Creek Rd.</u>	
3. CHILD'S NAME (Type or Print) <u>Carmen Kay Nurmi</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan, 2, 1955</u>
7. FATHER'S NAME a. (First) <u>Ed</u> b. (Middle) <u>Nurmi</u> c. (Last) <u>white</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hibbing Minn.</u>	11a. USUAL OCCUPATION <u>Lumber Labor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mayme</u> b. (Middle) <u>E.</u> c. (Last) <u>Brown</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Anshaka Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Eddie Nurmi</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>2</u> No <u>.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES <u>Premature ruptured membranes</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Proapsed Cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>.....</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <u>Edward H. Hoffman MD</u>	
		23b. DATE SIGNED <u>1-5-55</u>	
23c. ATTENDANT'S ADDRESS <u>347-St Johns Way</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Andrew F. Vassar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>Jan, 3, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill Cemetery</u>
		25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho.</u>	
DATE REC'D BY LOCAL REG. <u>1-3-55</u>		26. FUNERAL DIRECTOR ADDRESS <u>Lewiston, Idaho.</u>	

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JAN 13 1955

Division of Vital Statistics

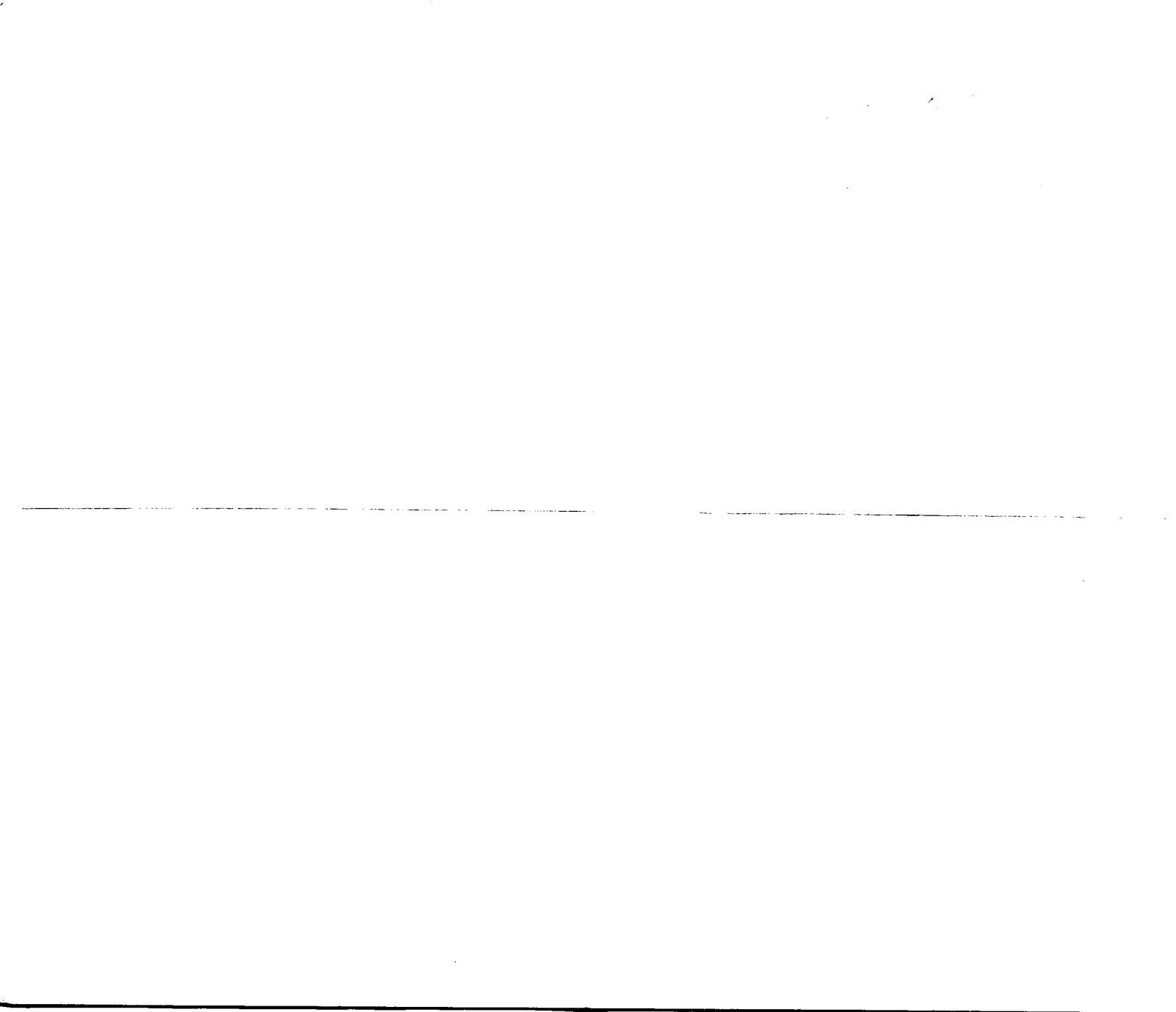
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS 113 - 17th Ave. (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY BOY WELCH			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 7, 1955
7. FATHER'S NAME a. (First) Russell b. (Middle) Seth c. (Last) Welch		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Calif.	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY House building
12. MOTHER'S MAIDEN NAME a. (First) Trelva b. (Middle) Lou c. (Last) Adams		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Ariz.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Russell S Welch</i>			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Anoxia.</i> 20b. MATERNAL CAUSES <i>Toxemia -</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>4th Albuminuria for 9 weeks</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>-</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>W. C. Pierce M.D.</i> 23b. DATE SIGNED <i>1/10/55</i> 23c. ATTENDANT'S ADDRESS <i>Lewiston, Ida</i> 24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. C. Pierce</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 10, 1955	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 1-12-55	REGISTRAR'S SIGNATURE <i>Jean Wegelin</i>	26. FUNERAL DIRECTOR'S ADDRESS Brower-Wann Co. Lewiston, Idaho. By - <i>R. E. DePauw</i>	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

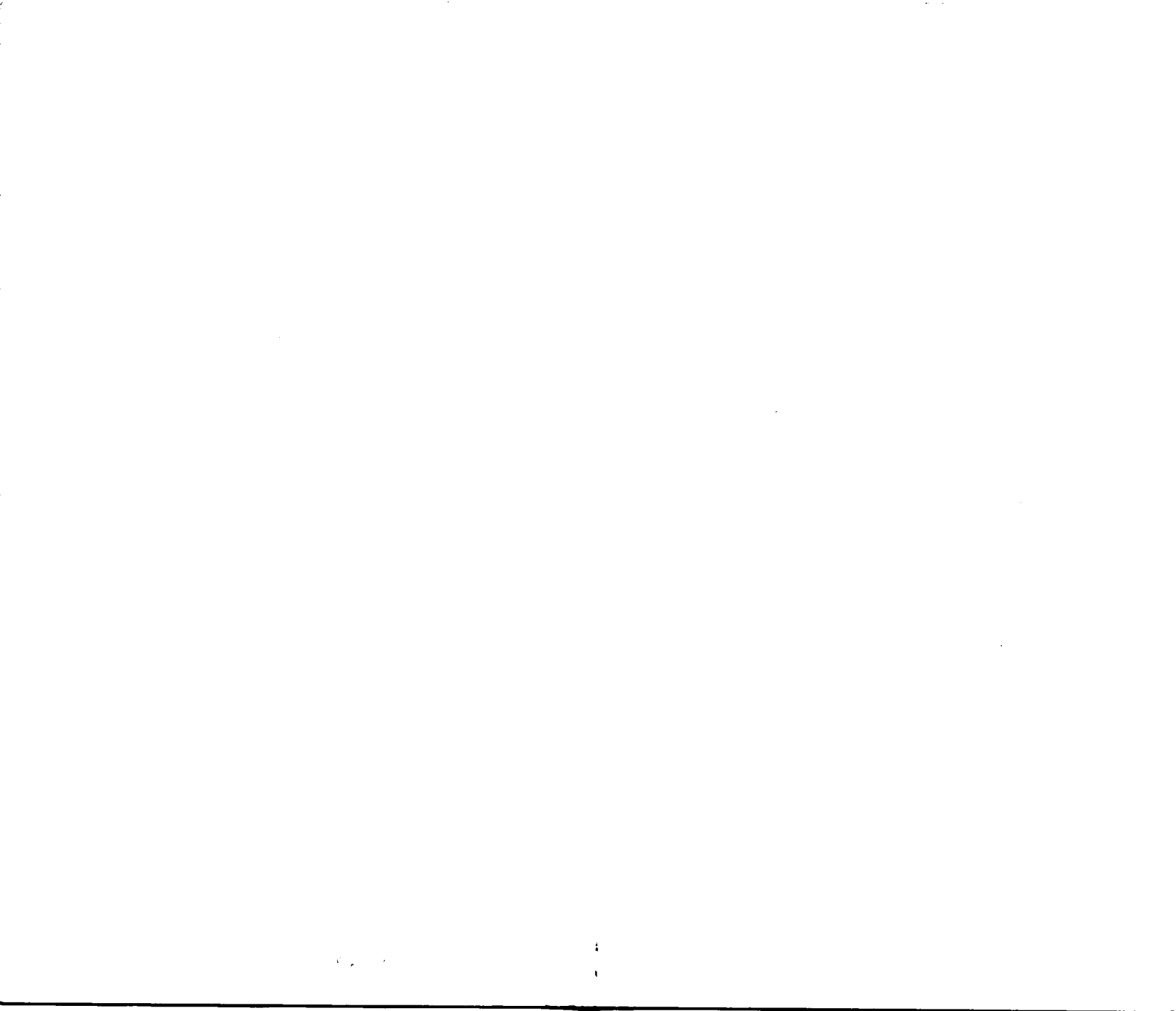
State File No. 020

Local Reg. No. 27

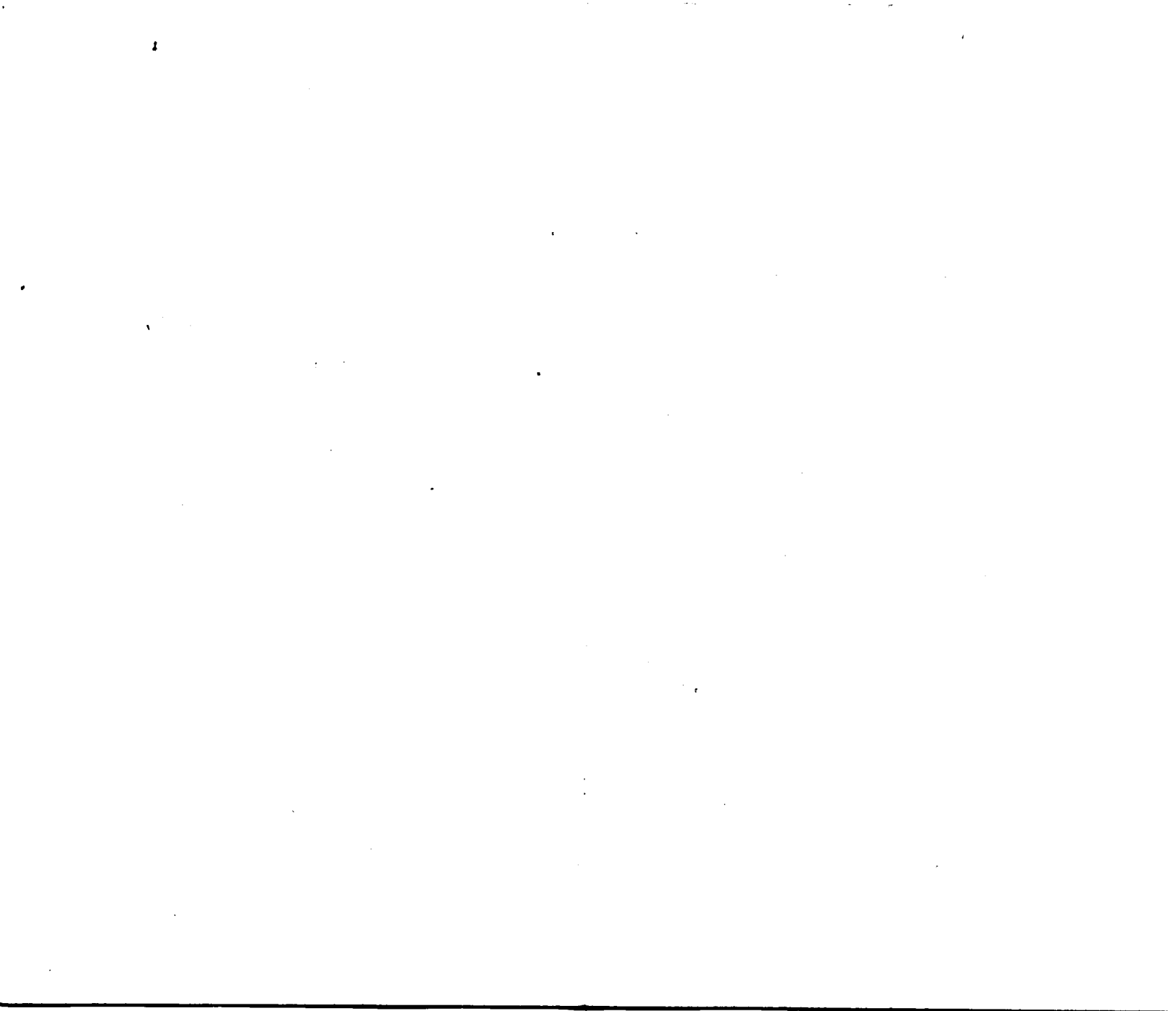
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Nez Perce		a. STATE Idaho	b. COUNTY Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lapwai	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) Gen Del	
3. CHILD'S NAME (Type or Print) Baby Falling			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 24 1955
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Leroy	b. (Middle) Falling	c. (Last) Falling	W
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Oaklahoma	11a. USUAL OCCUPATION Teacher	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Lucille	b. (Middle) F.	c. (Last) Lennex	W
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Ohio	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? One	b. How many children were born alive but are now dead? none
17. INFORMANT X Leroy Falling		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
18a. LENGTH OF PREGNANCY WEEKS 8:50	18b. WEIGHT AT BIRTH LBS. OZS. None	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Congenital anomaly (meningococci)	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:50 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Raymond M. Stover MD	
23c. ATTENDANT'S ADDRESS LEWISTON, IDAHO		23b. DATE SIGNED 1/25/55	
24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 25, 1955	25c. NAME OF CEMETERY OR CREMATORY Spalding	25d. LOCATION (City, town, or county) (State) Spalding Idaho
DATE REC'D BY LOCAL REG. 1-28-55	REGISTRAR'S SIGNATURE Jean Wegelin	26. FUNERAL DIRECTOR ADDRESS H.H. Malcom Brower-Wann Lewiston, Idaho	

Dr. R. M. Stover

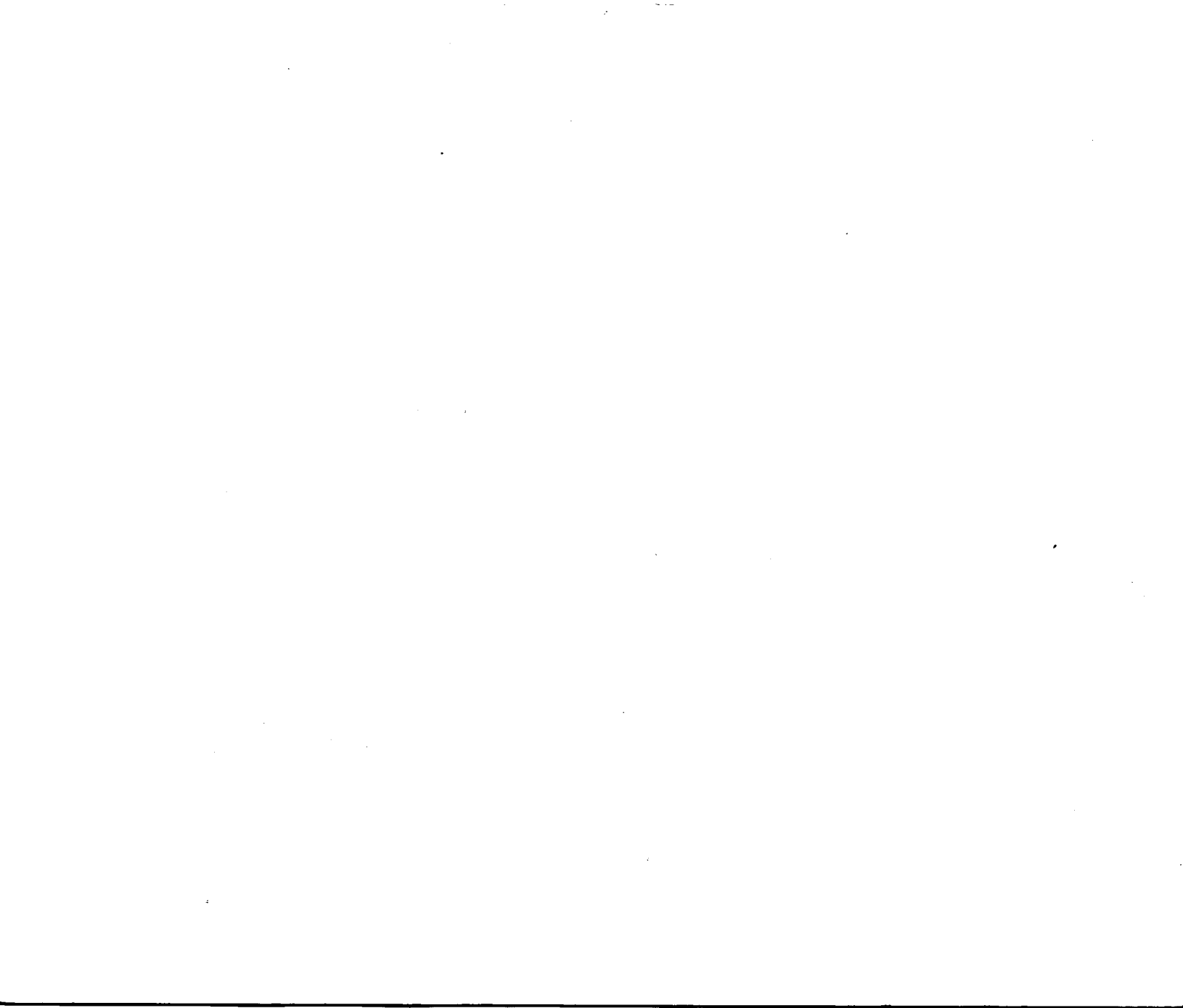


<div style="display: flex; justify-content: space-between;"> <div> RECEIVED PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE </div> <div> CERTIFICATE OF STILLBIRTH (1949 Revision of Standard Certificate) Division of Vital Statistics State of Idaho </div> <div> State File No. Local Reg. No. <u>625</u> Reg. Dist. No. <u>460</u> </div> </div>			
1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memo. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>557 Washington Street</u>	
3. CHILD'S NAME ((Type or Print)) <u>Roger Edward Dillon</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 24, 1955</u>
7. FATHER'S NAME a. (First) <u>Samuel</u> b. (Middle) <u>C.</u> c. (Last) <u>Dillon</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	11a. USUAL OCCUPATION <u>Truck Driger</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Edith</u> b. (Middle) c. (Last) <u>Blunt</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>L. C. Dillon</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis Foetalis</u> 20b. MATERNAL CAUSES <u>RH. Neg -</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:00</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joseph W. Marshall M.D.</u>	23b. DATE SIGNED <u>1-26-55</u>
23c. ATTENDANT'S ADDRESS <u>Twin Falls Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1-25-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 26, 1955</u>	REGISTRAR'S SIGNATURE <u>Lenora O. Jordan, Deputy</u>		26. FUNERAL DIRECTOR ADDRESS <u>Chas. Phillips Twin Falls, Idaho</u>



RECEIVED
FEB 21 1955
DIVISION OF VITAL STATISTICS
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1110 Warm Springs</u>		
3. CHILD'S NAME (Type or Print) <u>BABY GIRL DAVEIRO</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 6, 1955</u>		
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>J.</u> c. (Last) <u>Daveiro Jr.</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Sebastopol, California</u>	11a. USUAL OCCUPATION <u>U.S.A.F.</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Geraldine</u> b. (Middle) <u>Ann</u> c. (Last) <u>O'Leary</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sacramento, California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>x Jack J. Daveiro Jr.</u>					
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anencephalic Infant</u> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Max D. Submuth MD</u> (Specify M.D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		23b. DATE SIGNED <u>2-11-55</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>REYEA MORTUARY</u> TITLE <u>Boise, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremaion</u>	25b. DATE <u>11 Feb 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Ada, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>2-11-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR <u>REYEA MORTUARY</u> ADDRESS <u>318 N. Latah</u>		



CERTIFICATE OF STILLBIRTH

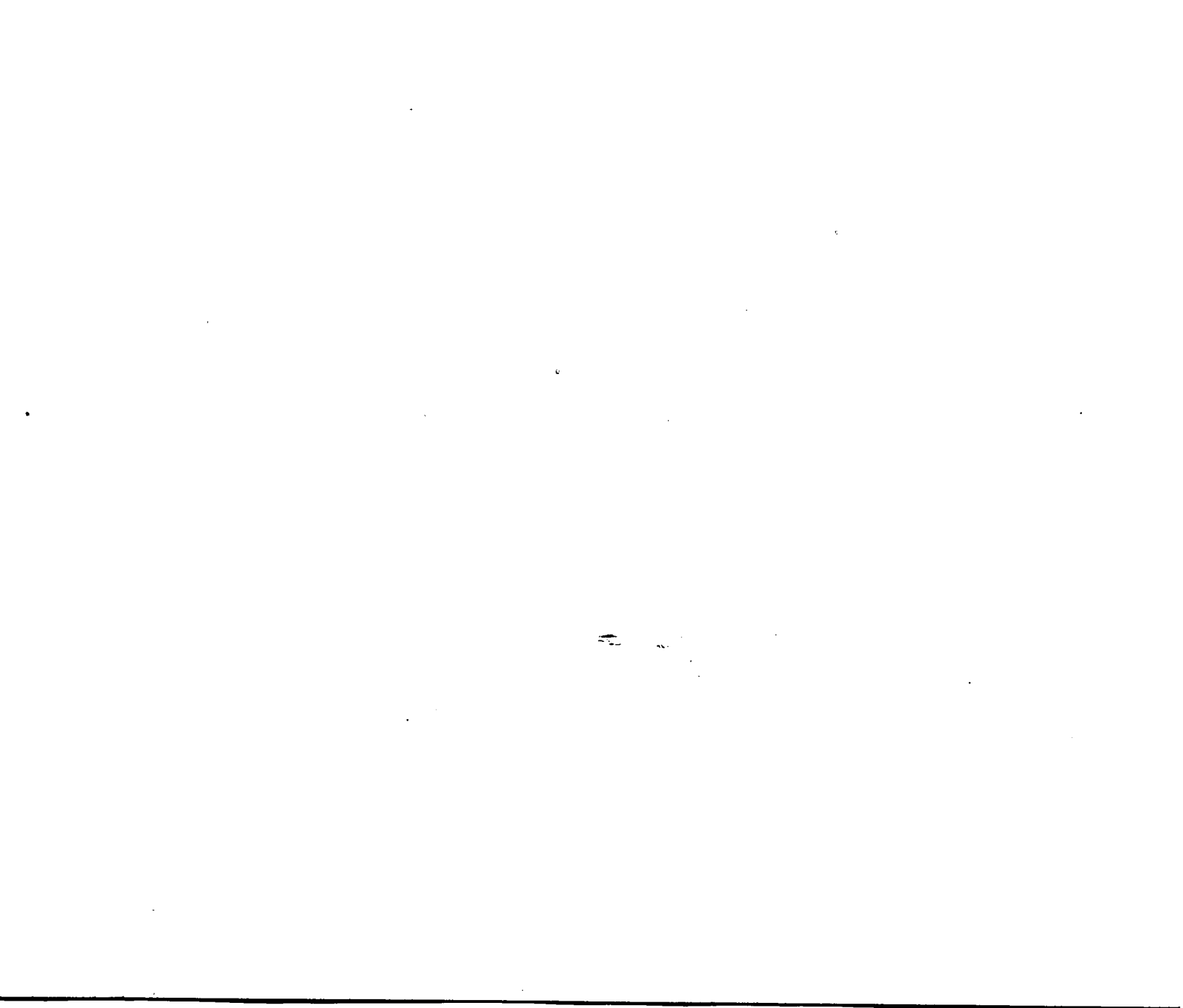
State of Idaho

State File No. 028

Local Reg. No. 60

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4444 Adams Street</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL PORTER</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 18, 1955</u>
7. FATHER'S NAME a. (First) <u>Evard</u> b. (Middle) <u>E.</u> c. (Last) <u>Porter</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Marsing, Idaho</u>	11a. USUAL OCCUPATION <u>Leather Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Pioneer Tent & Awn.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Willa</u> b. (Middle) <u>Fern</u> c. (Last) <u>Gates</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Evard Porter</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Natural Causes</u> 20b. MATERNAL CAUSES <u>Autopsy revealed no apparent cause of death.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Stewart Merrill</u>	23b. DATE SIGNED <u>11/20 3/4/55</u>
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2/20/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Knowlton Heights</u>	25d. LOCATION (City, town, or county) (State) <u>Marsing, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-14-55</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
		26. FUNERAL DIRECTOR <u>Clayton E. Summers</u> SUMMERS FUNERAL HOME <u>Boise, Idaho</u>	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 55Reg. Dist. No. 370

1. PLACE OF STILLBIRTH

a. COUNTY

Ada

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

c. FULL NAME OF HOSPITAL OR INSTITUTION

St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Ada

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Boise

d. STREET ADDRESS

(If rural, give location)

218 N. 19th

3. CHILD'S NAME

(Type or Print)

Infant boy Boss

4. SEX

M

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

2/

19

55

7. FATHER'S NAME

a. (First)

David

b. (Middle)

John

c. (Last)

Boss

8. COLOR OR RACE

W

9. AGE (At time of this birth)

35

YEARS

10. BIRTHPLACE (State or foreign country)

Oregon

11a. USUAL OCCUPATION

Salesman

11b. KIND OF BUSINESS OR INDUSTRY

C.C. Andersen Store

12. MOTHER'S MAIDEN NAME

a. (First)

Juanita

b. (Middle)

May

c. (Last)

Cowger

13. COLOR OR RACE

W

14. AGE (At time of this birth)

24

YEARS

15. BIRTHPLACE (State or foreign country)

Minnesota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

none

b. How many children were born alive but are now dead?

none

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

one

17. INFORMANT

David J. Boss

18a. LENGTH OF PREGNANCY

24

WEEKS

18b. WEIGHT AT BIRTH

2

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

Feb. 21, 1955

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Prematurity, Premature Rupture of Membranes, Prolapse of Cord.

20b. MATERNAL CAUSES

None Known.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

Premature Labor.

22. STATE ALL OPERATIONS FOR DELIVERY

Breech Extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

209 Main, Boise.

NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

Feb 23, 1955.

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

25b. DATE

2-23-55

25c. NAME OF CEMETERY OR CREMATORY

St. Luke's Hosp.

25d. LOCATION (City, town, or county)

Boise, Idaho

(State)

DATE REC'D BY LOCAL REG.

2-24-55

REGISTRAR'S SIGNATURE

Myrtle Palmer

26. FUNERAL DIRECTOR

ADDRESS

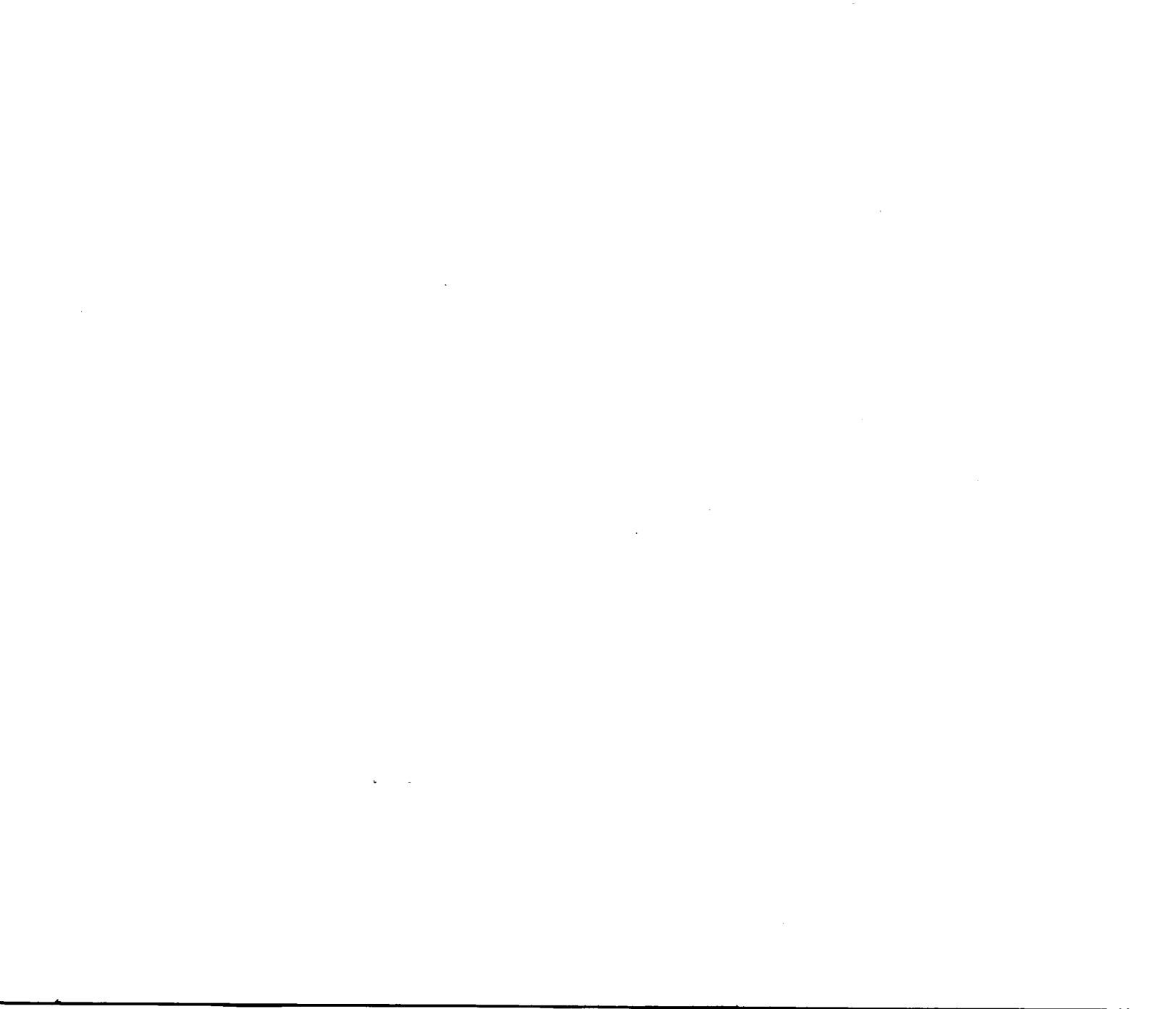
St. Luke's Hosp. Boise, Idaho

By Eva Maxon, Asst. Administrator

CERTIFICATE OF STILLBIRTH
RECEIVED
State of Idaho

026
State File No.
Local Reg. No. 51
Reg. Dist. No. 578

1. PLACE OF STILLBIRTH a. COUNTY Pannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Pannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Pannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 454 Pershing	
3. CHILD'S NAME (Type or Print) ROBERT LISH			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 13 1955
7. FATHER'S NAME a. (First) Duval b. (Middle) Lynn c. (Last) Lish		8. COLOR OR RACE white	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Carman	11b. KIND OF BUSINESS OR INDUSTRY Union Pacific Railroad Co.
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) Lee c. (Last) Guinn		13. COLOR OR RACE white	
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Patricia Lee Lish Mother			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Anoxemia		20a. FETAL CAUSES Anoxemia 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Partial placenta previa		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:37 P. m.		23a. ATTENDANT'S SIGNATURE M. D. 23b. DATE SIGNED 3-16-55	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Chas. J. Manning TITLE 519 E 12th Ave Pocatello, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 14, 1955	25c. NAME OF CEMETERY OR CREMATORY Mountain View	
DATE REC'D BY LOCAL REG. 3-16-55		26. FUNERAL DIRECTOR Chas. J. Manning ADDRESS 519 E 12th Ave Pocatello, Idaho	



RECEIVED

MAR 15 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

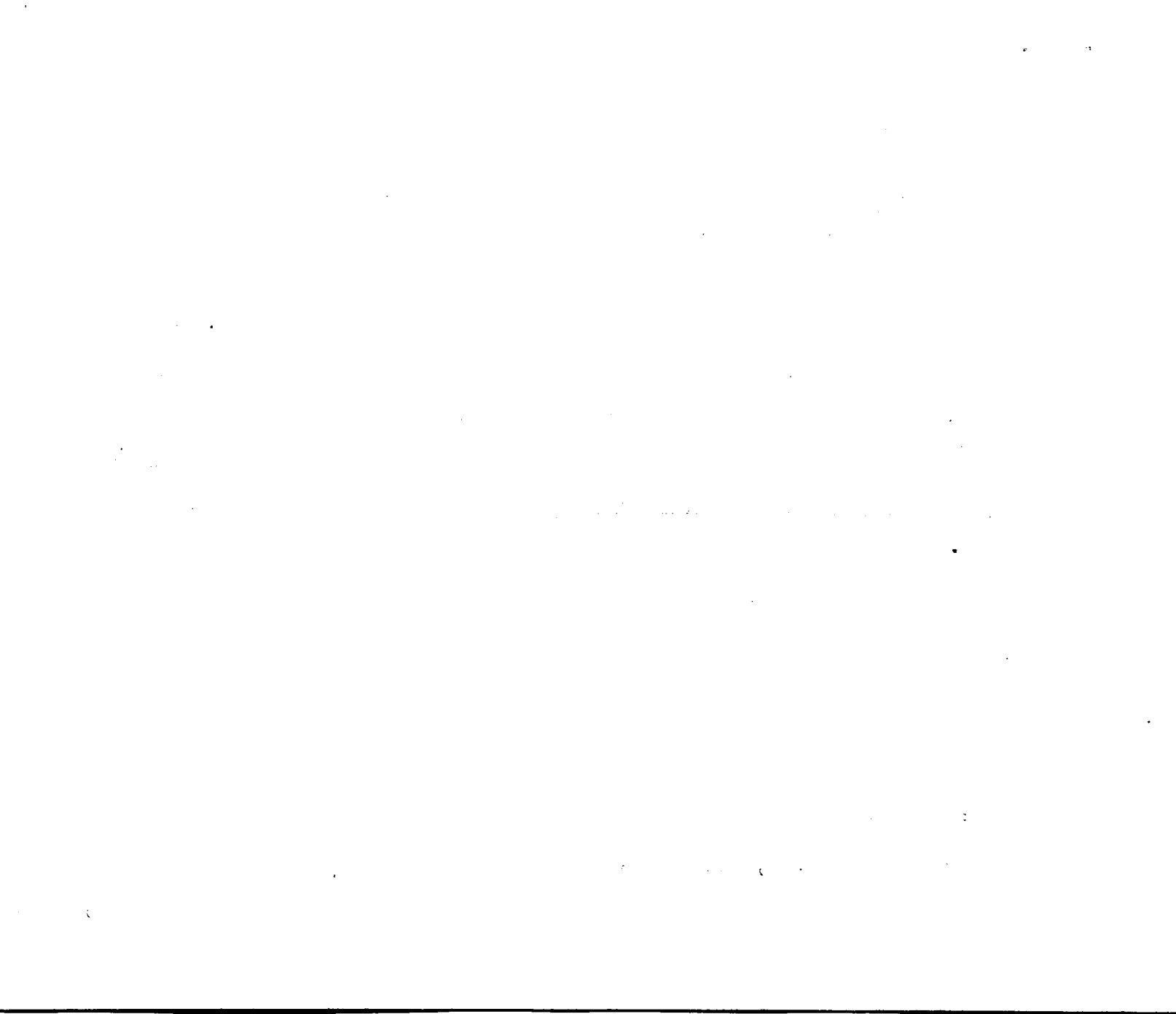
State of Idaho

State File No. 026

Local Reg. No. 33

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS Box 319		(If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Cerino					
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 7, 1955		
7. FATHER'S NAME a. (First) Colombo		b. (Middle) Cerino		c. (Last) Cerino	
8. COLOR OR RACE Indian					
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) New Mexico	11a. USUAL OCCUPATION Farmer & Stockman		11b. KIND OF BUSINESS OR INDUSTRY self	
12. MOTHER'S MAIDEN NAME a. (First) Esther		b. (Middle) Judith		c. (Last) Madcewlyu	
13. COLOR OR RACE Indian					
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Fort Hall, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1			
17. INFORMANT Mrs. Colombo Cerino MOTHER					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 10 Feb 1955			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Toxemia - maternal severe pre-eclampsia began in 2nd trimester		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR No complications to mention		22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:12 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Farrell Howard		23b. DATE SIGNED 2 Mar 55	
23c. ATTENDANT'S ADDRESS Kathleen Hill		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 10, 1955	25c. NAME OF CEMETERY OR CREMATORY Ft. Hall	25d. LOCATION (City, town, or county) (State) Ft. Hall Idaho		
DATE REC'D BY LOCAL REG. 3-14-55	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Downard Funeral Home		ADDRESS Pocatello, Ida.	



RECEIVED of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> <u>FEB 24 1955</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Idaho Falls</u> <u>Division of Vital Statistics</u>		c. CITY OR TOWN <u>Ririe</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L. D. S. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. CHILD'S NAME (Type or Print) <u>BABY SUMMERS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 3, 1955</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Keveren</u> c. (Last) <u>Summers</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rigby, Idaho</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marlene</u> b. (Middle) <u>Morgan</u> c. (Last) <u>Morgan</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ririe Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donald Summers</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 25, 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalus</u> 20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prolonged Labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Craniotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Osael Hall, m.d.</u> 23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>	
23b. DATE SIGNED <u>2/4/55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. H. Basell</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 18-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pioneer</u>	25d. LOCATION (City, town, or county) (State) <u>Rigby, Idaho</u>
26. FUNERAL DIRECTOR <u>W. H. Basell</u> ADDRESS <u>Rigby, Idaho</u>			

RECEIVED

FEB 28 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 24

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Idaho Falls L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) Route # 5	
3. CHILD'S NAME (Type or Print) BABY GIRL SAKAGUCHI			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 17, 1955
7. FATHER'S NAME a. (First) TAKENO b. (Middle) c. (Last) SAKAGUCHI		8. COLOR OR RACE Japanese	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Self employed
12. MOTHER'S MAIDEN NAME a. (First) FUSAKO b. (Middle) c. (Last) MIYASAKI		13. COLOR OR RACE Japanese	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 10 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Indira Sakaguchi</i>			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes...X... No..... Approximate date September 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES 7 months of pregnancy (pre-eclampsia)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Indira Sakaguchi</i>	
		23b. DATE SIGNED 2/21/55	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Orland C. Buck</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb. 19, 1955	
25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park		25d. LOCATION (City, town, or county) (State) Bonneville County Idaho	
DATE REC'D BY LOCAL REG. Feb. 23-1955		26. FUNERAL DIRECTOR ADDRESS Idaho Falls, Idaho	

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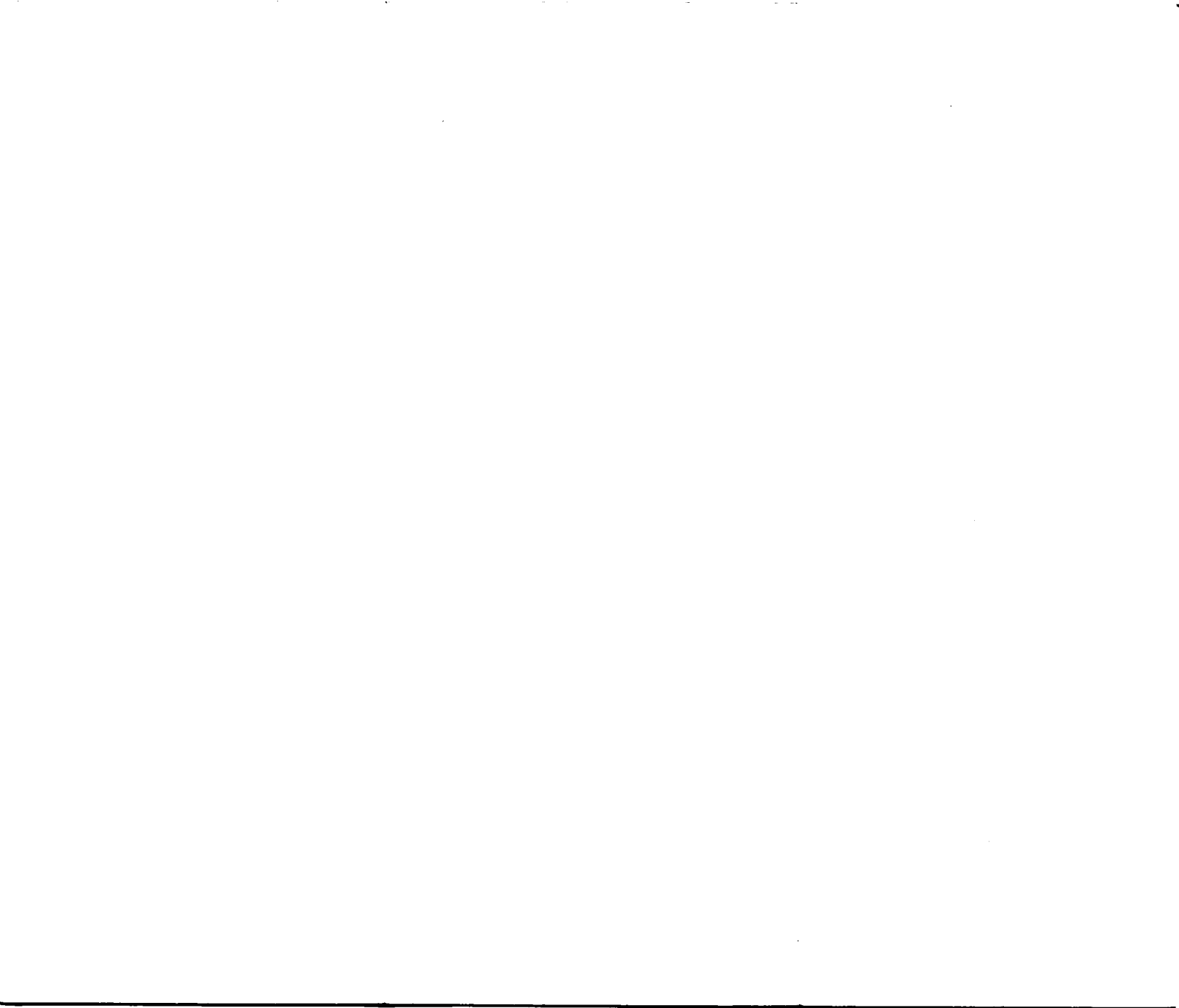
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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 7 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 32
Reg. Dist. No. 6.10

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Saered Heart</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location) <u>399-W-17th</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Hill</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 27-1955</u>
7. FATHER'S NAME a. (First) <u>Ronald</u> b. (Middle) <u>Hill</u> c. (Last) <u>Hill</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Thornton, Idaho</u>	11a. USUAL OCCUPATION <u>Dhauffeur</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Taxi</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Colleen</u> b. (Middle) <u>M.</u> c. (Last) <u>Bergeson</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Anthony, Ida.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Ronald Hill</u>			
18a. LENGTH OF PREGNANCY WEEKS _____ OZS. _____	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Spontaneous - 3rd trimester</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	
		23b. DATE SIGNED <u>Mar 1 1955</u>	
23c. ATTENDANT'S ADDRESS _____		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Mar 1-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Roschill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>March 5-1955</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR ADDRESS <u>Geo. A. Harrison Idaho Falls</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030

Local Reg. No. 1

Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Soda Springs</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Wayan</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>(INFANT) PARKINSON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 1, 1955</u>
7. FATHER'S NAME a. (First) <u>Leo</u> b. (Middle) <u>H.</u> c. (Last) <u>Parkinson</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>School Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Eldora</u> b. (Middle) <u>Stallings</u> c. (Last) <u>White</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lewisville, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Leo H. Parkinson</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalic</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:05 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Russell Sigurdson M.D.</u>	
23b. DATE SIGNED <u>1 Feb 1955</u>		23c. ATTENDANT'S ADDRESS <u>NOT attended by physician</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Detty Mae Burton</u>		TITLE <u>Shadon S. Allen</u>	
25a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2/2/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Caribou Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Soda Springs Idaho</u>
DATE REC'D BY LOCAL REG. <u>2-1-55</u>	REGISTRAR'S SIGNATURE <u>Detty Mae Burton</u>	26. FUNERAL DIRECTOR <u>Shadon S. Allen</u>	

CERTIFICATE OF BIRTH

Name of Child		Date of Birth	
Sex		Place of Birth	
Parents' Names		Occupation of Father	
Maiden Name of Mother		Date of Marriage	
Signature of Registrar		Signature of Parent	
Official Seal		Date of Issuance	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 021

Local Reg. No. 7

Reg. Dist. No. 240

RECEIVED
FEB 23 1955

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Franklin County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>256 East Oneida</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Hart</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 14 1955</u>
7. FATHER'S NAME a. (First) <u>Halo</u> b. (Middle) <u>M</u> c. (Last) <u>Hart</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>52</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	11a. USUAL OCCUPATION <u>Post Master</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Preston Post Office</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marjory</u> b. (Middle) <u>Forsgren</u> c. (Last) <u>Forsgren</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Halo M. Hart Preston, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Placenta Previa (Complete)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta Previa</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. R. Cuthers M.D.</u>	
23b. ATTENDANT'S ADDRESS <u>Preston Idaho</u>		23c. DATE SIGNED <u>2-15-55</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>William J. Richards</u>		TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 15, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Preston</u>	25d. LOCATION (City, town, or county) (State) <u>Preston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>2-15-55</u>	REGISTRAR'S SIGNATURE <u>Effie W. Brasher</u>	26. FUNERAL DIRECTOR ADDRESS <u>Webb Funeral Home</u> <u>Preston, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 8
Reg. Dist. No. 2-4-0

032

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u> FEB 23 1955 b. CITY OR TOWN <u>Preston</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin County Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Dayton</u> d. STREET ADDRESS <u>Dayton, Idaho.</u>	
3. CHILD'S NAME ((Type or Print)) <u>BABY BOY BALLS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>February 17, 1955</u>
7. FATHER'S NAME a. (First) <u>Arta</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Balls</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Logan, Utah.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Bodero</u> c. (Last) <u>Balls</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Logan, Utah.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Lloyd Balls</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES <u>Prematurity - Placenta praevia complete</u> 20b. MATERNAL CAUSES <u>none</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta praevia complete.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarian Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>W. D. Dimes</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	23b. DATE SIGNED <u>2-18-55</u>
23c. ATTENDANT'S ADDRESS <u>Preston, Id</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Webb Mortuary</u>	TITLE <u>Dayton, Idaho.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2-18-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logan</u>	25d. LOCATION (City, town, or county) (State) <u>Logan, Utah.</u>
DATE REC'D BY LOCAL REG. <u>2-18-55</u>	REGISTRAR'S SIGNATURE <u>Effie W. Brewer</u>	26. FUNERAL DIRECTOR <u>Webb Mortuary</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 033
Local Reg. No. 12
Reg. Dist. No. 340

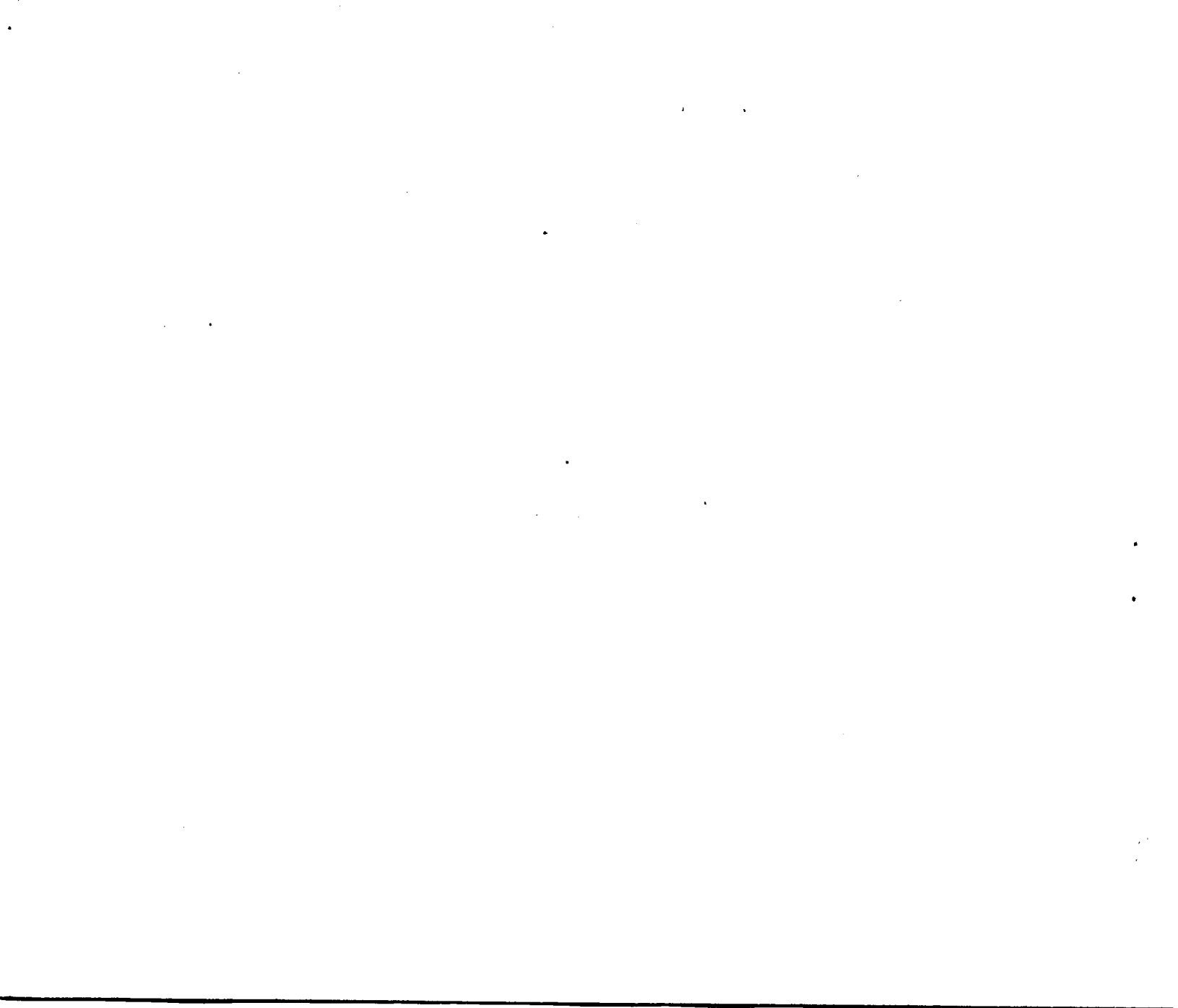
Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY OR TOWN Preston		c. CITY OR TOWN Preston	
c. FULL NAME OF HOSPITAL OR INSTITUTION Franklin County Hospital		d. STREET ADDRESS (If rural, give location) North State St.	
3. CHILD'S NAME (Type or Print) Baby Girl Parry			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 27 1955
7. FATHER'S NAME a. (First) Kieth b. (Middle) N c. (Last) Parry		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Rexberg, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Sego Milk Plant
12. MOTHER'S MAIDEN NAME a. (First) Ethel b. (Middle) Beckstead c. (Last) Beckstead		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Preston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Kieth N. Parry			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. - 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anencephalic Monster	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Leo R. Hawkes M.D. (Specify if M. D., midwife, or other)	
23b. DATE SIGNED 2/28/55		24. SIGNATURE OF AUTHORIZED OFFICIAL Thermin Webb TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 28, 1955	25c. NAME OF CEMETERY OR CREMATORY Preston	25d. LOCATION (City, town, or county) (State) Preston, Idaho
DATE REC'D BY LOCAL REG 2-28-1955		26. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Preston, Idaho	
REGISTRAR'S SIGNATURE Effie M. Brewer			

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
FEB 23 1955
State of Idaho

State File No. 034
Local Reg. No. 1745
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u>	
b. CITY OR TOWN <u>Gooding</u>		c. CITY OR TOWN <u>Glenns Ferry</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gooding County Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>JEANETTE HAMEL</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 18, 1955</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) <u>Hamel</u> c. (Last) <u>Hamel</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Illinois</u>	11a. USUAL OCCUPATION <u>School Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Elizabeth</u> b. (Middle) <u>L.</u> c. (Last) <u>Becker</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>So. Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Raymond Hamel by Dr. J. E. Thompson</u>			
18a. LENGTH OF PREGNANCY <u>32 WEEKS</u>	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb 23</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Placental Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cesarean Section</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. E. Thompson M.D.</u>	
23b. DATE SIGNED <u>2/18/55</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Thompson</u>		25. TITLE <u>THOMPSON CHAPEL</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2/19/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Glenns Rest</u>	25d. LOCATION (City, town, or county) (State) <u>Glenns Ferry, Idaho</u>
DATE REC'D BY LOCAL REG. <u>2-18-55</u>	REGISTRAR'S SIGNATURE <u>J. E. Thompson</u>	26. FUNERAL DIRECTOR <u>Thompson</u>	



1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grangeville	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Our Lady of Consolation		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Spencer			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 18, 1955
7. FATHER'S NAME a. (First) Gene b. (Middle) c. (Last) Spencer		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Roberta b. (Middle) c. (Last) Vogel		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Gene A. Spencer			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date October 20, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None 20b. MATERNAL CAUSES Abruptio Placentae	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:20 P. m.		23a. ATTENDANT'S SIGNATURE <i>[Signature]</i> 23c. ATTENDANT'S ADDRESS Grangeville, Idaho	
		23b. DATE SIGNED Feb. 22, 1955	
		24. SIGNATURE OF AUTHORIZED OFFICIAL H.D. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 19-1955	25c. NAME OF CEMETERY OR CREMATORY Catholic	25d. LOCATION (City, town, or county) (State) Cottonwood, Idaho
DATE REC'D BY LOCAL REG. Mar. 4, 1955		26. FUNERAL DIRECTOR ADDRESS Cottonwood, Idaho	

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(1949 Revision of Standard Certificate)

MAR 12 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

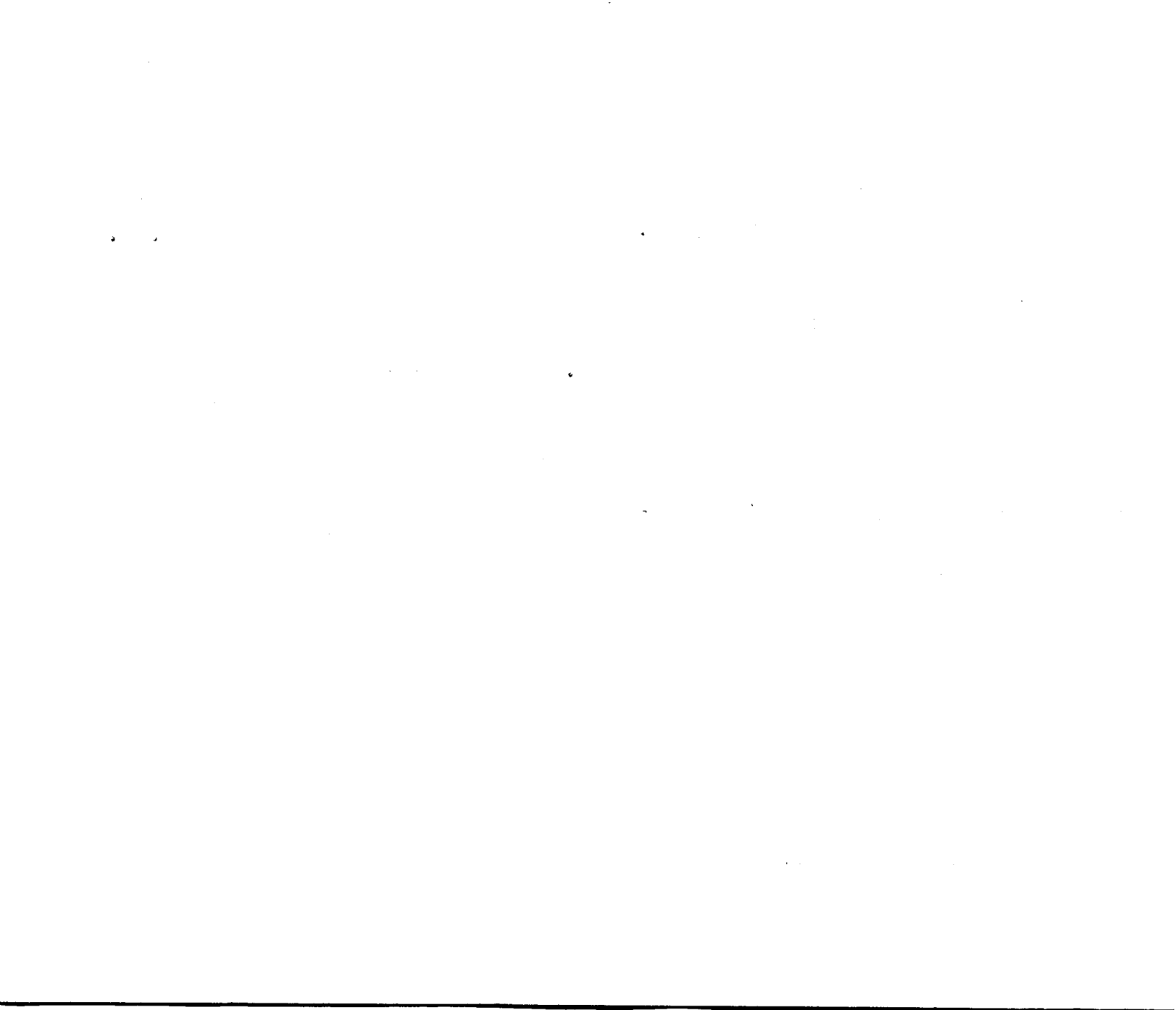
State of Idaho

State File No. 026

Local Reg. No. 270

Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY Jerome			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Benedicts Hosp.			d. STREET ADDRESS (If rural, give location) 256 Blue Lakes Blvd.No.		
3. CHILD'S NAME (Type or Print) DAVID IRA KRUCKENBERG					
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 28 1955		
7. FATHER'S NAME a. (First) Norman b. (Middle) A. c. (Last) Kruckenberg		8. COLOR OR RACE White			
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Truck driver	11b. KIND OF BUSINESS OR INDUSTRY Trucking		
12. MOTHER'S MAIDEN NAME a. (First) Jacqueline b. (Middle) Iris c. (Last) Kight		13. COLOR OR RACE White			
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Chicago Ill.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Norman A Kruckenberg					
18a. LENGTH OF PREG-NANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1954			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Intrauterine asphyxia 20b. MATERNAL CAUSES mild toxemia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY none except induction		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE George O. Kelley M.D.		23b. DATE SIGNED March 1 '55	
23c. ATTENDANT'S ADDRESS Twin Falls		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. McKerson		TITLE Twin Falls	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 2, 55	25c. NAME OF CEMETERY OR CREMATORY Sun Set Memorial	25d. LOCATION (City, town, or county) (State) Twin Falls Idaho		
DATE REC'D BY LOCAL REG. March 5, 1955		REGISTRAR'S SIGNATURE Sister M. Rogers		26. FUNERAL DIRECTOR John F. McKerson	



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AGENCY 7 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

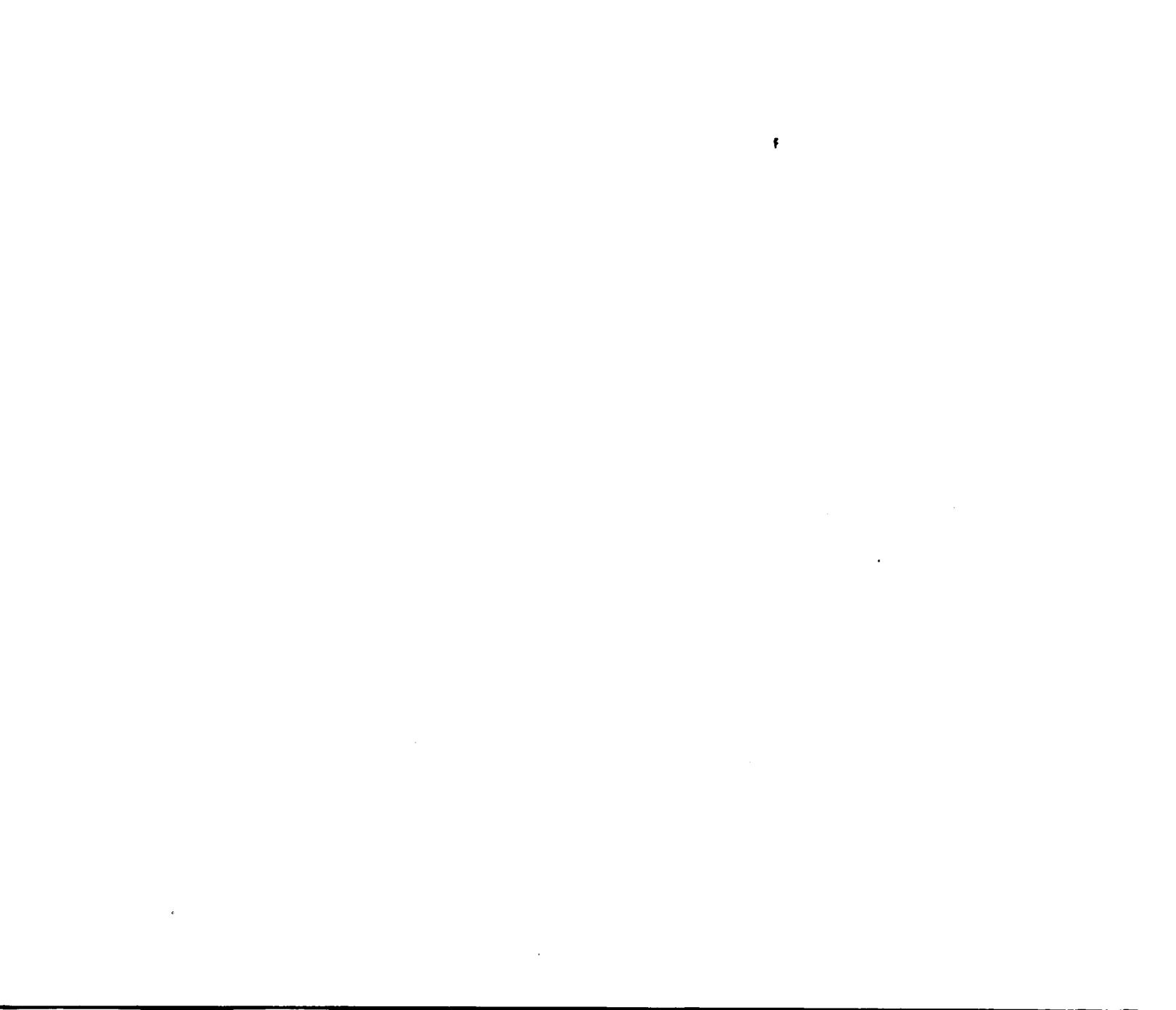
State of Idaho

State File No.

Local Reg. No. 2198

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spitit Lake		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newport	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Spitit Lake Hosp		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Danny Lee Moran			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 22 1955
7. FATHER'S NAME a. (First) Glenn b. (Middle) Cary c. (Last) Moran		8. COLOR OR RACE White	
9. AGE (At time of this birth) 16 YEARS	10. BIRTHPLACE (State or foreign country) Washington	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY School
12. MOTHER'S MAIDEN NAME a. (First) Thelma b. (Middle) Campbell c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Allen E. Moran			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES BREECH FOOTING; CORD AROUND NECK. 20b. MATERNAL CAUSES 0	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR BREECH FOOTING		22. STATE ALL OPERATIONS FOR DELIVERY 0	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lynn C. Dickinson MD. 23b. DATE SIGNED 2/23/55	
23c. ATTENDANT'S ADDRESS Spitit Lake, Idaho		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL Sherman Funeral Home Inc. TITLE Newport, Washington	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 27-Feb-55	25c. NAME OF CEMETERY OR CREMATORY Newport Cemetery	25d. LOCATION (City, town, or county) (State) Newport Washington
DATE REC'D BY LOCAL REG. 2-28-55	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR ADDRESS Sherman Funeral Home Inc. Newport, Washington	



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MAR 7 1955

Division of Vital Statistics

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 038
Local Reg. No. 378
Reg. Dist. No. 430

1. PLACE OF STILLBIRTH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richfield - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richfield</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
3. CHILD'S NAME (Type or Print) <u>no name</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan - 12 - 55</u>
7. FATHER'S NAME a. (First) <u>Dean</u> b. (Middle) <u>H.</u> c. (Last) <u>Giles</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Burley</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ellen</u> b. (Middle) c. (Last) <u>Giles</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Dean H. Giles</u>			
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>July 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Intercurrent fetal death cause unknown</u>	
		20b. MATERNAL CAUSES <u>Detached placenta Premature labor.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>1. Retention labor Borelithone</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0. Dead on arrival at Hospital approx 2 days</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>James E. Hoxter M.D.</u> 23b. DATE SIGNED <u>1/14-55</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan - 14</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Richfield</u>	25d. LOCATION (City, town, or county) (State) <u>Richfield - Idaho</u>
DATE REC'D BY LOCAL REG. <u>1/14-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle C. Burdett</u>	26. FUNERAL DIRECTOR ADDRESS <u>Myrtle C. Burdett Shoshone Idaho</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 11 1955 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No. 039

Local Reg. No. 7

Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Teton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clements ville	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Bott			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 25 1955
7. FATHER'S NAME a. (First) Terrance b. (Middle) De Mar c. (Last) Bott		8. COLOR OR RACE Cauc.	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Beverly b. (Middle) Kay c. (Last) Miller		13. COLOR OR RACE Cauc.	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Anthony, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Beverly Bott			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 15 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date February, 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown 20b. MATERNAL CAUSES unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. F. Rigby M.D. 23c. ATTENDANT'S ADDRESS Rexburg, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 3/28/55 25c. NAME OF CEMETERY OR CREMATORY Ft. Loring Memorial	
25d. LOCATION (City, town, or county) (State) Bonneville Co. Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL William H. King TITLE Registrar	
DATE REC'D BY LOCAL REG. 2-28-55		26. FUNERAL DIRECTOR ADDRESS Rexburg, Idaho	

FEB 18 1955

(1949 Revision of Standard Certificate)

BUREAU OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 040

Local Reg. No. 28

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		d. STREET ADDRESS (If rural, give location) 621 Lindsey Creek	
3. CHILD'S NAME (Type or Print) Karen Faye Miller					
4. SEX F.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 2 1955		
7. FATHER'S NAME a. (First) Jack		b. (Middle) Fay		c. (Last) Miller	
8. COLOR OR RACE White		9. AGE (At time of this birth) 22 YEARS			
10. BIRTHPLACE (State or foreign country) Alex, Ark.		11a. USUAL OCCUPATION mill worker		11b. KIND OF BUSINESS OR INDUSTRY Lumbering	
12. MOTHER'S MAIDEN NAME a. (First) Evelyn		b. (Middle) Lucile		c. (Last) Lombard	
13. COLOR OR RACE White		14. AGE (At time of this birth) 20 YEARS			
15. BIRTHPLACE (State or foreign country) Seligmen, Mo.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none			
17. INFORMANT Jack F Miller		18a. LENGTH OF PREGNANCY 37 WEEKS			
18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown			
		20b. MATERNAL CAUSES ? - Some sort of Dystocia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Raymond M. Stover M.D.		23b. DATE SIGNED 2/4/55	
23c. ATTENDANT'S ADDRESS 527 Lowell, Lewiston		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL H.H. Malcom	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb. 5, 1955		25c. NAME OF CEMETERY OR CREMATORY Normal Hill,	
25d. LOCATION (City, town, or county) Lewiston, Idaho		(State)			
DATE REC'D BY LOCAL REG. 2-5-55		REGISTRAR'S SIGNATURE Jean Hagelins		26. FUNERAL DIRECTOR Brower-Wann	
		ADDRESS Lewiston, Idaho			

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston d. STREET ADDRESS (If rural, give location) 1001 Elm Street		
3. CHILD'S NAME (Type or Print) Baby Boy Hughes					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 12 1955		
7. FATHER'S NAME a. (First) Mont b. (Middle) c. (Last) Hughes		8. COLOR OR RACE White			
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Bovill, Idaho	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) c. (Last) Happy		13. COLOR OR RACE White			
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Clarkston, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Mont Hughes					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Intra meningeal hemorrhages Pulmonary edema 20b. MATERNAL CAUSES Placental infarcts, multiple.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Albuminuria			22. STATE ALL OPERATIONS FOR DELIVERY Low forceps		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. S. Newton, M.D.		23b. DATE SIGNED 2-15-55	
23c. ATTENDANT'S ADDRESS Lewiston, Ida		24. SIGNATURE OF AUTHORIZED OFFICIAL Th. Merchant		TITLE Clarkston, Washington	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 2/12/1955	25c. NAME OF CEMETERY OR CREMATORY Vineland		25d. LOCATION (City, town, or county) (State) Clarkston Asotin Washington	
DATE REC'D BY LOCAL REG. 2-16-55	REGISTRAR'S SIGNATURE Chas. Wiggins	26. FUNERAL DIRECTOR ADDRESS Th. Merchant Clarkston, Washington			

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 043Local Reg. No. 70Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>3815 Grover</u>		
3. CHILD'S NAME (Type or Print) <u>BABY GIRL JONES</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 5, 1955</u>
7. FATHER'S NAME a. (First) <u>Gordon</u> b. (Middle) <u>D.</u> c. (Last) <u>Jones</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>		11a. USUAL OCCUPATION <u>Carpenter</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Lou</u> c. (Last) <u>Swensen</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>26</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Montpelier, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Infant L. Maus</u>					
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>December 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <u>Abruptio placentae</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none except above</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold B. Hulme, M.D.</u>		23b. DATE SIGNED <u>17 March 1955</u>	
		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
		25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>3-7-55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>		25d. LOCATION (City, town, or county) (State) <u>Boise Ada Idaho</u>			
DATE REC'D BY LOCAL REG. <u>3-22-55</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR ADDRESS <u>RELYEA MORTUARY 318 N. Latah Boise, Idaho</u>	

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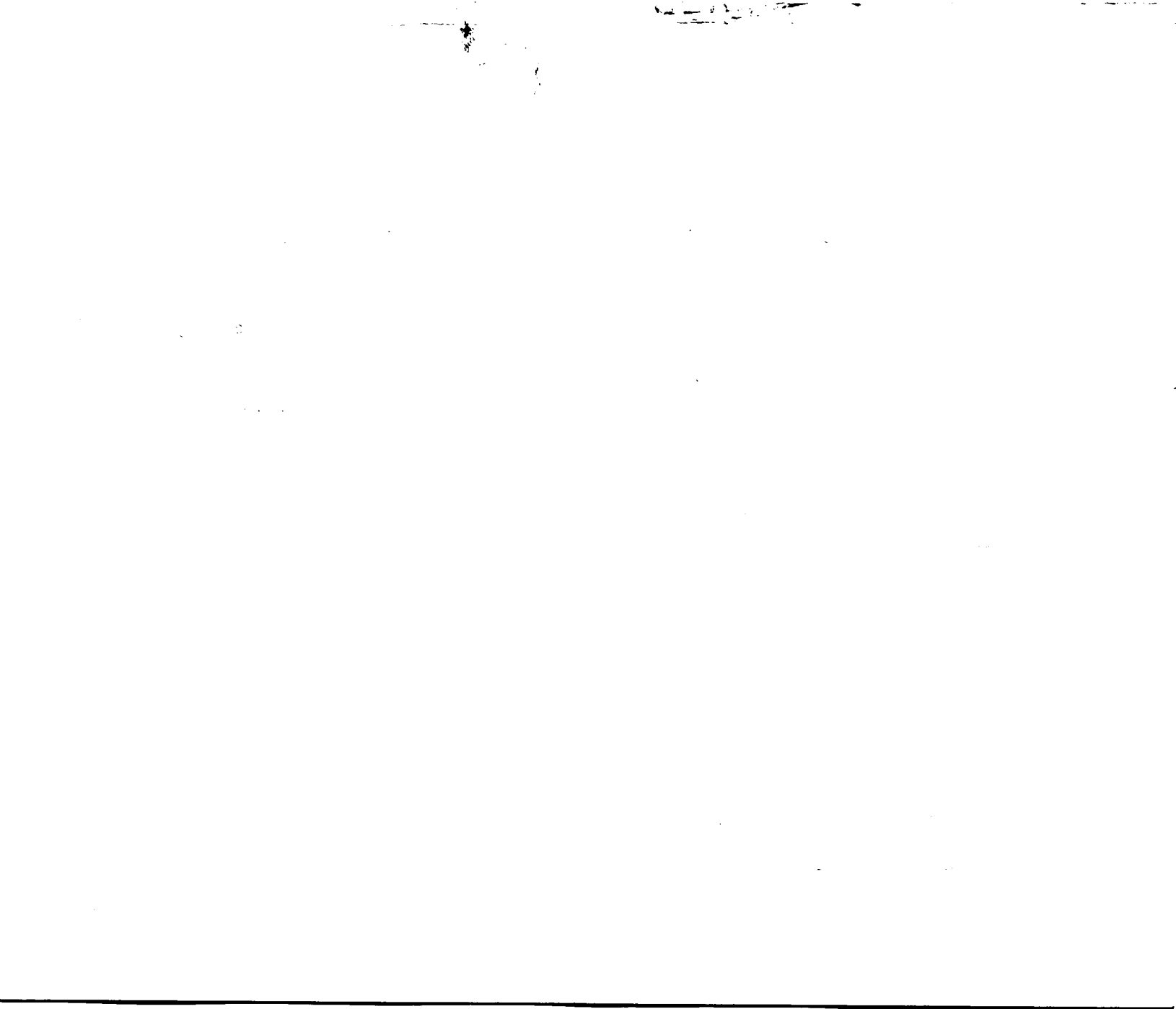
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PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		<div style="display: flex; justify-content: space-between;"> <div> RECEIVED <div style="text-align: center;">MAR 24 1955</div> </div> <div> (1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH State of Idaho </div> </div>		044 State File No. Local Reg. No. <u>71</u> Reg. Dist. No. <u>370</u>	
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>4002 Neel St.</u>			
3. CHILD'S NAME (Type or Print) <u>BABY GIRL LIND</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 8, 1955</u>		
7. FATHER'S NAME a. (First) <u>Wyland E.</u> b. (Middle) <u>Lind</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Twin Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Service station</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Alice</u> b. (Middle) <u>Bradshaw</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Maza, North Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Mrs. G. G. Gumberson</u>					
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Abruptio Placenta</u> 20b. MATERNAL CAUSES <u>Preeclampsia</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Uterine Hemorrhage</u>		22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10 P</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Mrs. G. G. Gumberson M.D.</u>	23b. DATE SIGNED <u>3-17-55</u>		
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Thyrtle Palmer</u>	TITLE <u>REG. MORTUARY</u>		
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3-10-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Ada Idaho</u>		
DATE REC'D BY LOCAL REG. <u>3-22-55</u>	26. FUNERAL DIRECTOR <u>Thyrtle Palmer</u>		ADDRESS <u>318 N. Latah Boise, Idaho</u>		



CERTIFICATE OF STILLBIRTH

State of Idaho

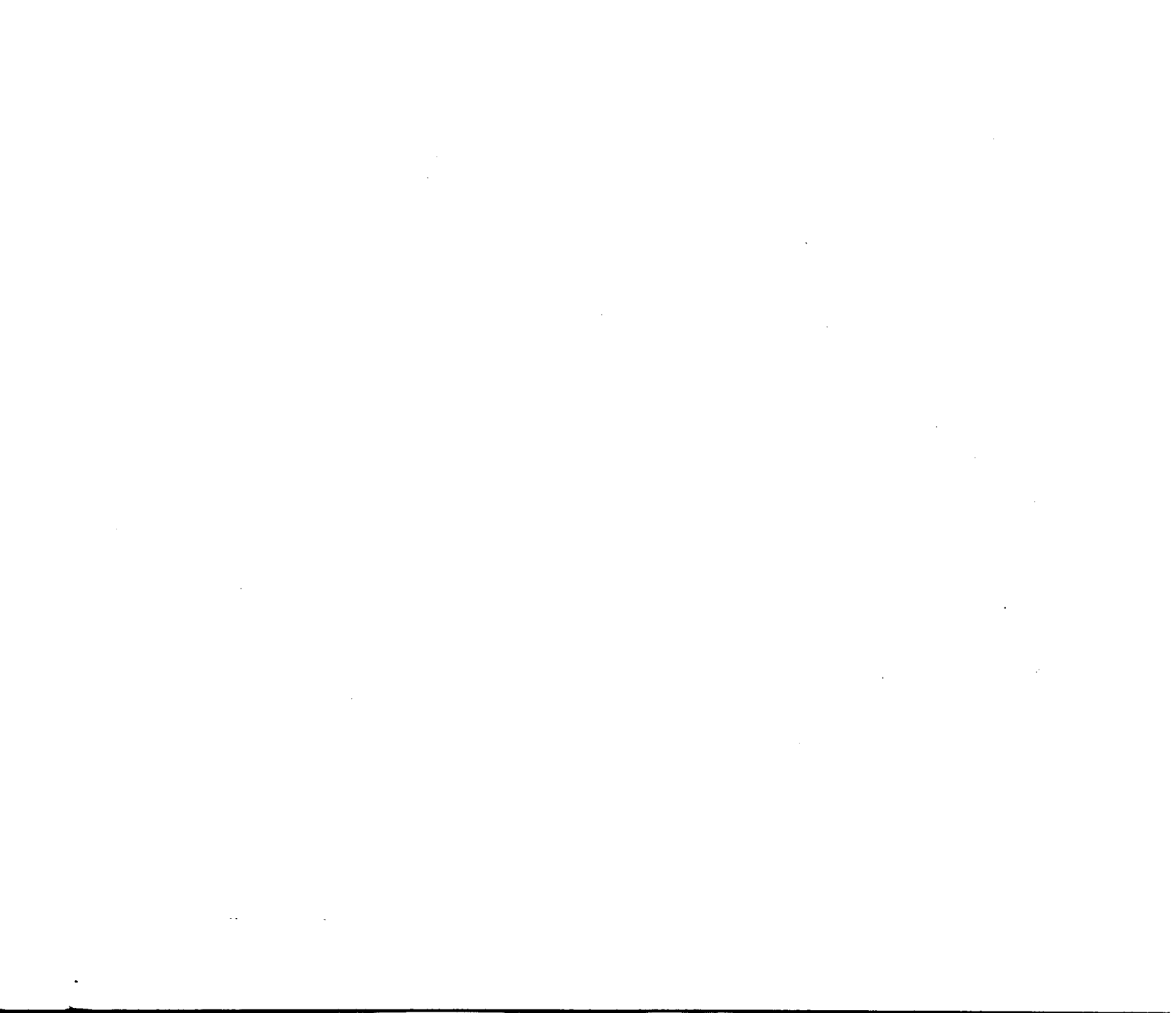
State File No. 045

Local Reg. No. 24

Reg. Dist. No. 770

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonse		d. STREET ADDRESS (If rural, give location) 1403 Rand	
3. CHILD'S NAME (Type or Print) Baby Harvey			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 15 1955
7. FATHER'S NAME a. (First) Noel b. (Middle) Harvey c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Oklahoma	11a. USUAL OCCUPATION Boise Water Company	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Imogene b. (Middle) Ensey c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Oklahoma	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? #Three b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Noel V. Harvey			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept 11, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Torsion Umbilical Cord	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Deese Ida	
23b. DATE SIGNED 3/24/55		23c. ATTENDANT'S ADDRESS Boise, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle Palmer		23e. TITLE Schreiber-McCann-Gibson--Boise	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 16 1955	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-24-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Daniel S. Gibson	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 046.
Local Reg. No. 72
Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY ADA		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ADA	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOISE, TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR BOISE TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1019 Longmont St., Apt. #2	
3. CHILD'S NAME (Type or Print) Baby Girl Haskins			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 21, 1955
7. FATHER'S NAME a. (First) CHARLES b. (Middle) LAVERNE c. (Last) HASKINS		8. COLOR OR RACE white	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY Boise Junior College
12. MOTHER'S MAIDEN NAME a. (First) BETTY b. (Middle) JEAN c. (Last) RUDOLPH		13. COLOR OR RACE white	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Charles L. Haskins			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept., 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown.	
		20b. MATERNAL CAUSES Unknown.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY 0	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) D. B. Patterson M.D.	
23b. DATE SIGNED 3-22-55		24. SIGNATURE OF AUTHORIZED OFFICIAL one Maxon, Asst. Administrator	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 3-23-55	
25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hosp.		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 3-24-55		26. FUNERAL DIRECTOR ADDRESS one Maxon, Asst. Administrator	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 047

Local Reg. No. 94

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital Training School</u>		d. STREET ADDRESS (If rural, give location) <u>1119 Denver St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby girl Kent</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 31 55</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Kent</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Harry Barnes Chevrolet Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>King</u> b. (Middle) <u>Iona</u> c. (Last) <u>Faye</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Lawrence Eugene Kent</u>			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>3</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>ET ythroblastosis</u> 20b. MATERNAL CAUSES <u>Rh neg.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Huge Placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. B. Patterson</u>	
23b. DATE SIGNED <u>3-31-55</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Meyrtle Palmer</u>		TITLE <u>Asst. Administrator</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE <u>3-31-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-4-55</u>	REGISTRAR'S SIGNATURE <u>Meyrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Ira Mayan</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

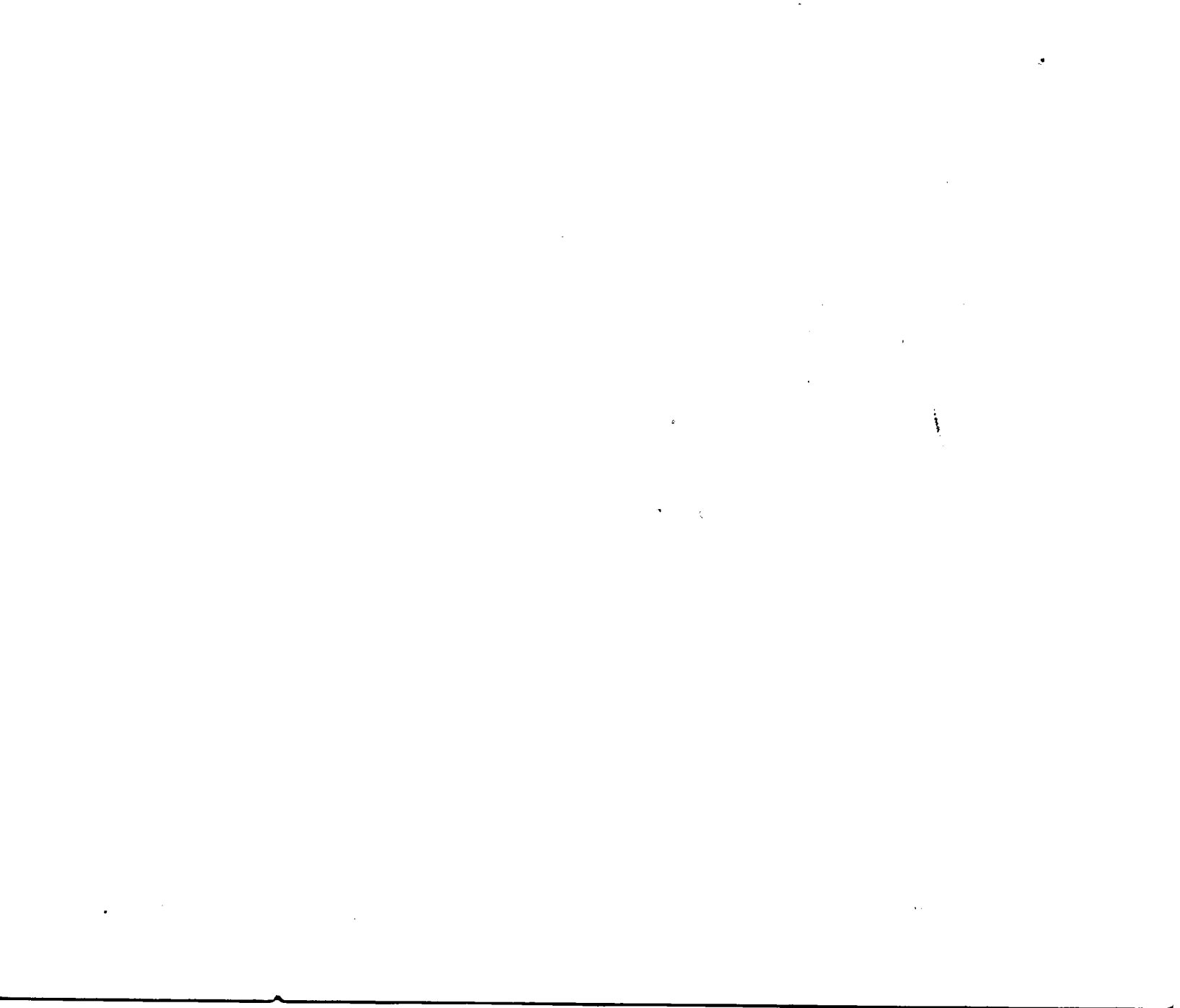
State File No. 048

Local Reg. No. 1

Reg. Dist. No. 300

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Adams		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Adams	
b. CITY OR TOWN Council		c. CITY OR TOWN Meadows	
c. FULL NAME OF HOSPITAL OR INSTITUTION Council Community Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) INFANT GIRL DAUGHERTY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 3-26-1955
7. FATHER'S NAME a. (First) AUDREY b. (Middle) LA VERN c. (Last) DAUGHERTY			8. COLOR OR RACE White
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Warren, Ohio	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) IRENE b. (Middle) ELSIE c. (Last) THOMPSON			13. COLOR OR RACE White
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Altoona, Pa.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 10 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Audrey L. Daugherty			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cerebral anoxia 20b. MATERNAL CAUSES Pulmonary Embolism	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Mid forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:35 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Donald P. Brauch 23b. DATE SIGNED 1 Apr 55	
23c. ATTENDANT'S ADDRESS Council, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL R. D. Weiser TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 1 April 1955	25c. NAME OF CEMETERY OR CREMATORY Meadows	25d. LOCATION (City, town, or county) (State) Meadows, Idaho
DATE REC'D BY LOCAL REG. 1 April 55	REGISTRAR'S SIGNATURE J. H. [Signature]	26. FUNERAL DIRECTOR'S ADDRESS R. D. Weiser, Idaho.	



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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 946

Local Reg. No. 138

Reg. Dist. No. 138

1. PLACE OF STILLBIRTH a. COUNTY <i>Benevol</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Benevol</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Maries</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Maries</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Maries Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>319 11th Street</i>	
3. CHILD'S NAME (Type or Print) <i>Infant Schwanz</i>			
4. SEX <i>M</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>3 18 1955</i>
7. FATHER'S NAME a. (First) <i>Hilliard</i> b. (Middle) <i>Charles</i> c. (Last) <i>Schwanz</i>	8. COLOR OR RACE <i>W</i>		
9. AGE (At time of this birth) <i>34</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Portage, Wis.</i>	11a. USUAL OCCUPATION <i>Railroad</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Maries</i> b. (Middle) <i>Roscoe</i> c. (Last) <i>Mulhern</i>	13. COLOR OR RACE <i>W</i>		
14. AGE (At time of this birth) <i>32</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Portage, Wis.</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>H.C. Schwanz</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Sept 1954</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Loss of blood volume</i> 20b. MATERNAL CAUSES <i>Placenta praevia with severe hemorrhage</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Placenta praevia</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Bergen A. Rapp M.D.</i>	23b. DATE SIGNED <i>3-20-55</i>
23a. ATTENDANT'S ADDRESS <i>St. Maries, Idaho</i>		23b. IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	25b. DATE <i>3-19-55</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	25d. LOCATION (City, town, or county) (State) <i>St. Maries Idaho</i>
DATE REC'D BY LOCAL REG. <i>Mar 1955</i>	REGISTRAR'S SIGNATURE <i>Lawson Jackson</i>	26. FUNERAL DIRECTOR ADDRESS <i>Orall E. Browning St. Maries Idaho</i>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APR 4 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 4710

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sun Valley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shoshone</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sun Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Alan Lee Peak</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 - 6 - 55</u>
7. FATHER'S NAME a. (First) <u>Henry</u> b. (Middle) c. (Last) <u>Peak, Jr.</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Shoshone, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY <u>U. P. R. R. Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Halton</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shoshone, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Helen Peak, Mother</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Toxemia of pregnancy</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Preeclampsia syndrome</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal - spontaneous pre</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Phar R. Montz M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Sun Valley, Idaho</u>		23b. DATE SIGNED	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>3/6/55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>at Sun Valley, Idaho</u>		25d. LOCATION (City, town, or county) (State)	
26. REC'D BY LOCAL REG. <u>March 30 - 1955 Robert H. Wright - per</u>		27. FUNERAL DIRECTOR ADDRESS <u>Ch. B. W.</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 23 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 36

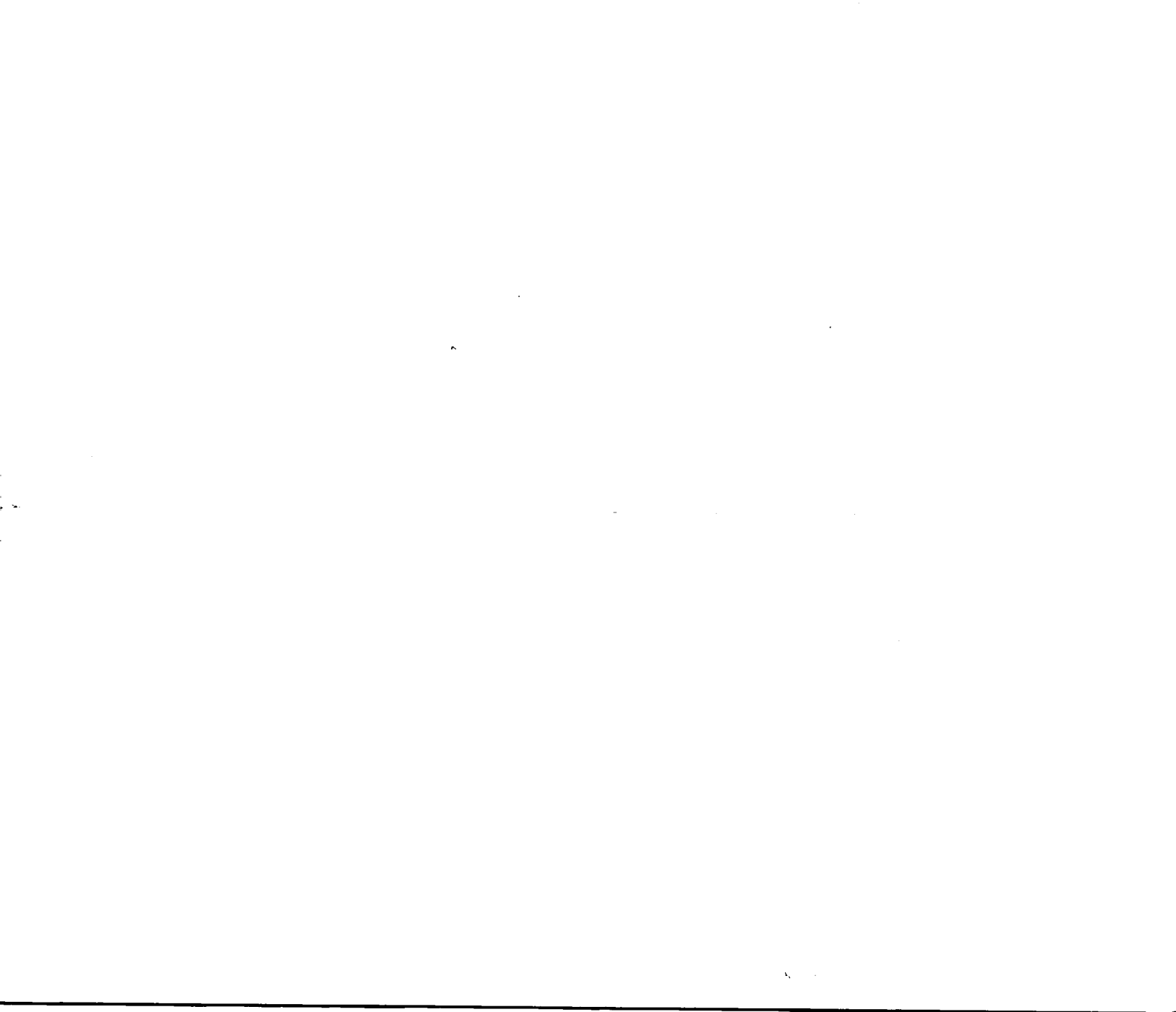
Reg. Dist. No. 6.1.b

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (When does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Egan.</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 5-1955</u>
7. FATHER'S NAME a. (First) <u>Merlin</u> b. (Middle) <u>Howard</u> c. (Last) <u>Egan</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Shelton-Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ida</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Durant</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ririe, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Merlin Howard Egan</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined</u>	
		20b. MATERNAL CAUSES <u>Undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>David H. Smith M.D.</u>	
		23b. DATE SIGNED <u>3-9-55</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>March 5, 1955</u>	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>	
DATE REC'D BY LOCAL REG. <u>March 15-1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>Ed A. Williams Idaho Falls</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 052Local Reg. No. 67Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>CANYON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marsing</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Sen. Del.</u>	

3. CHILD'S NAME
(Type or Print) IRD Hunley Dishon4. SEX male 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF STILLBIRTH (Month) (Day) (Year) MARCH 27 - 19557. FATHER'S NAME a. (First) HERMAN b. (Middle) GENE c. (Last) Dishon 8. COLOR OR RACE white9. AGE (At time of this birth) 34 YEARS 10. BIRTHPLACE (State or foreign country) Missouri 11a. USUAL OCCUPATION Truck driver 11b. KIND OF BUSINESS OR INDUSTRY Lyns Hunt Ranch12. MOTHER'S MAIDEN NAME a. (First) Joanita b. (Middle) Effie c. (Last) Dishon 13. COLOR OR RACE white14. AGE (At time of this birth) 38 YEARS 15. BIRTHPLACE (State or foreign country) Colorado 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 217. INFORMANT Joanita Dishon mother 18a. LENGTH OF PREGNANCY 20 WEEKS 18b. WEIGHT AT BIRTH 1 LBS. 3 OZS. 19. Was a standard serological test for syphilis performed? Yes ☒ No ☐ Approximate date December, 1954CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Prematurity and intrauterine asphyxiation due to interrupted placental circulation
20b. MATERNAL CAUSES abruptio Placenta21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR abruptio Placenta 22. STATE ALL OPERATIONS FOR DELIVERY Caesarean Section and HysterectomyI hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:40 am m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Orlando H. Weaver M.D. 23b. DATE SIGNED 3/30/55
23c. ATTENDANT'S ADDRESS Caldwell, Idaho If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE25a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 25b. DATE March 27, 1955 25c. NAME OF CEMETERY OR CREMATORY Canyon Hill 25d. LOCATION (City, town, or county) (State) Caldwell IdahoDATE REC'D BY LOCAL REG. 4-8-55 REGISTRAR'S SIGNATURE Agnes M. Denman 26. FUNERAL DIRECTOR Peckham-Dakan ADDRESS Caldwell, Idaho



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(1949 Revision of Standard Certificate)

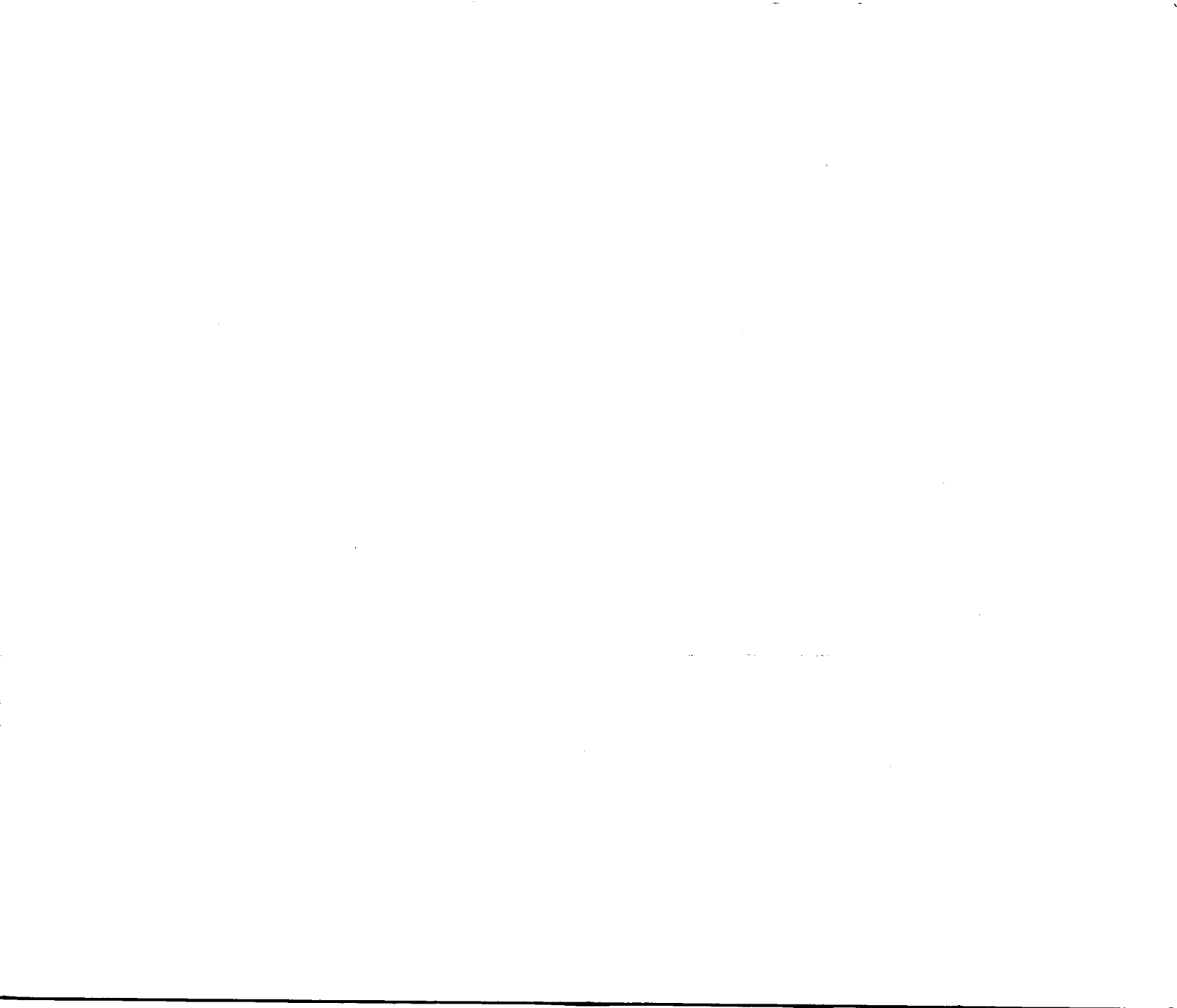
APR 1 1955
DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 053

Local Reg. No. 384

Reg. Dist. No. 170

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1656 Albion Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Daniel Joseph Rowland</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 17, 1955</u>
7. FATHER'S NAME a. (First) <u>Joseph</u> b. (Middle) <u>J.</u> c. (Last) <u>Rowland</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tolley, N. Dakota</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Appliances</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Wilma</u> b. (Middle) <u>Hans</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>45</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tiff City, Mo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Joseph J. Rowland</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Probable Compression of Cord before Labor</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>M. J. Kelly</u>	23b. DATE SIGNED <u>3-17-55</u>
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Garth Payne</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/18/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	25d. LOCATION (City, town, or county) (State) <u>Burley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3/21/55</u>	REGISTRAR'S SIGNATURE <u>Yvonne Mason</u>	26. FUNERAL DIRECTOR <u>J. Garth Payne</u>	ADDRESS <u>Burley, Idaho</u>



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(1949 Revision of Standard Certificate)

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APR 1 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY Jefferson			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho			b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewisville					
c. FULL NAME OF HOSPITAL OR INSTITUTION Rigby Maternity Hosp.			d. STREET ADDRESS (If rural, give location) X					
3. CHILD'S NAME (Type or Print) BABY EVANS								
4. SEX F. M.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) March 23, 1955			
7. FATHER'S NAME a. (First) Virgil			b. (Middle) Alfred		c. (Last) Evans		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS		10. BIRTHPLACE (State or foreign country) Elko, Nevada		11a. USUAL OCCUPATION Well Driller		11b. KIND OF BUSINESS OR INDUSTRY Well Drilling		
12. MOTHER'S MAIDEN NAME a. (First) Tresa			b. (Middle) Marie		c. (Last) Beconi		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Wells, Nevada		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0				
17. INFORMANT V. G. Evans								
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-5-54				
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			20a. FETAL CAUSES Choked Cord.					
			20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None				22. STATE ALL OPERATIONS FOR DELIVERY Footling Delivery				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Edson M. S.			23b. DATE SIGNED 3/25/55		
			23c. ATTENDANT'S ADDRESS Rigby, Idaho			24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		25b. DATE 3/24/55		25c. NAME OF CEMETERY OR CREMATORY None		25d. LOCATION (City, town, or county) (State) None		
DATE REC'D BY LOCAL REG. 3/25/55		REGISTRAR'S SIGNATURE M. A. Beckenell			26. FUNERAL DIRECTOR None			
					ADDRESS			

APR 18 1955

CERTIFICATE OF STILLBIRTH

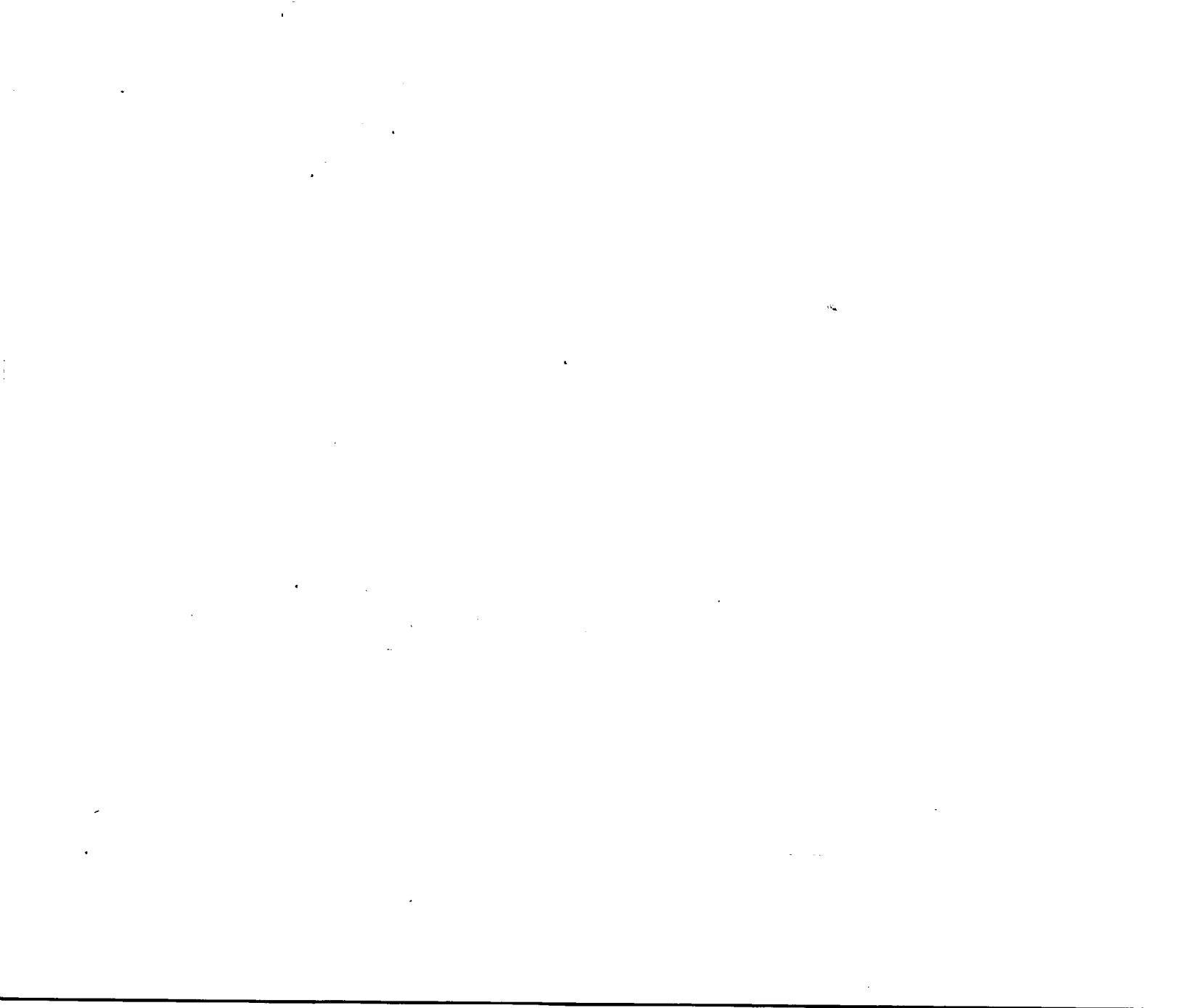
Division of Vital Statistics State of Idaho

State File No. 055

Local Reg. No. 29

Reg. Dist. No. 280

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Wash. b. COUNTY Whitman	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palouse Rt. 3	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Elliott			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 1 1955
7. FATHER'S NAME a. (First) Francis b. (Middle) M. c. (Last) Elliott		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Washington	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) c. (Last) Platt		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) England	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Francis Elliott			
18a. LENGTH OF PREGNANCY 33 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes xx No Approximate date October, 1954.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillbirth, cause unknown.	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:00 noon		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) E. J. Klaaren MD	
		23b. DATE SIGNED 4-12-55	
23c. ATTENDANT'S ADDRESS Moscow, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 3-5-1955	25c. NAME OF CEMETERY OR CREMATORY Hazen & Jaeger	25d. LOCATION (City, town, or county) (State) Spokane Wash.
DATE REC'D BY LOCAL REG. 4/14/55	REGISTRAR'S SIGNATURE Leis E. Engel	26. FUNERAL DIRECTOR David R. Tate ADDRESS Moscow, Idaho	



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APR 13 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

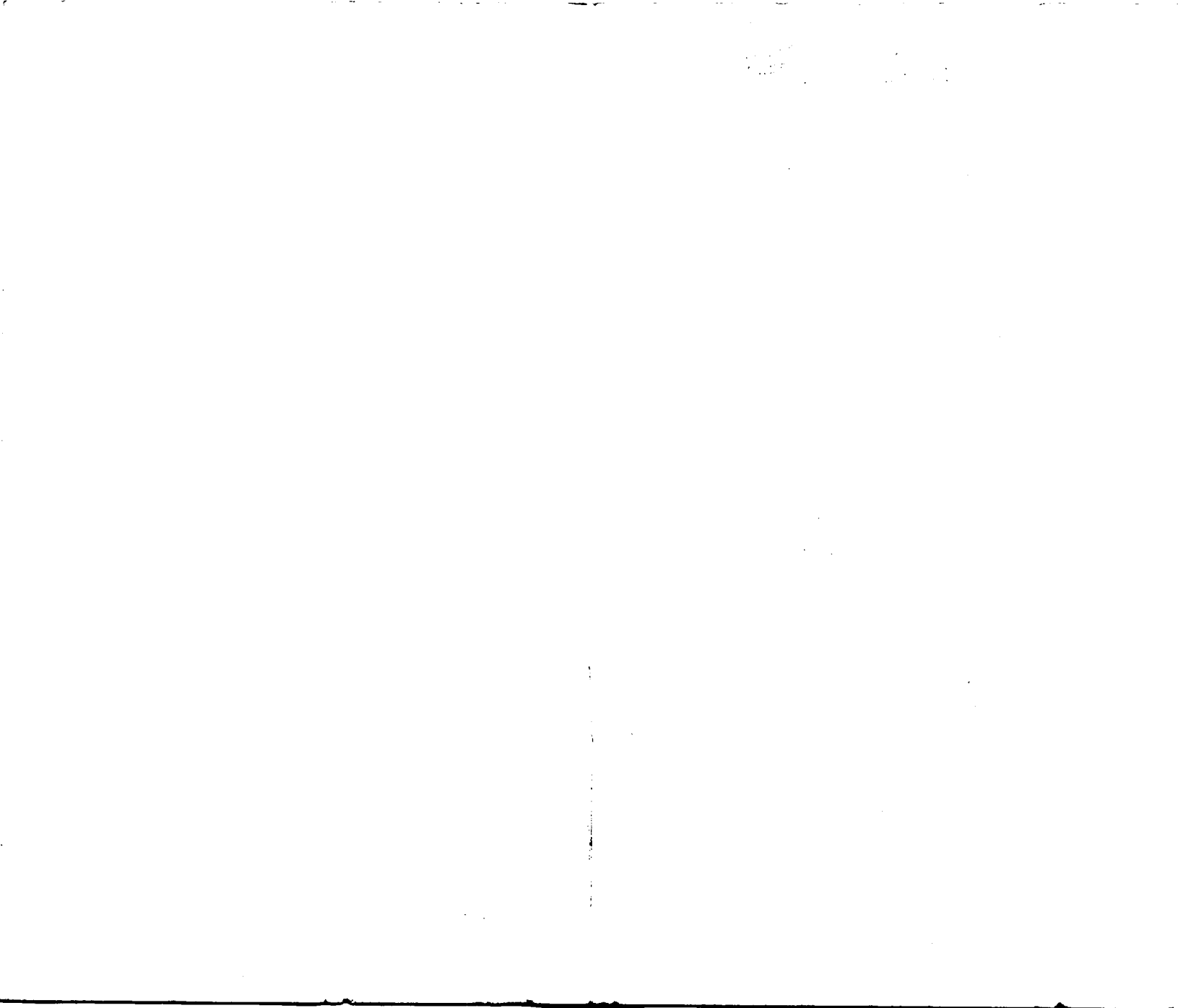
State of Idaho

State File No. 056

Local Reg. No. 21

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) Clarkston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1320 Billups	
3. CHILD'S NAME (Type or Print) BABY WEBSTER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 19, 1955
7. FATHER'S NAME a. (First) Robert b. (Middle) Hugh c. (Last) Webster		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Fargo, North Dakota	11a. USUAL OCCUPATION Coin Machine Mech.	11b. KIND OF BUSINESS OR INDUSTRY -
12. MOTHER'S MAIDEN NAME a. (First) Marion b. (Middle) Vyvinne c. (Last) Nelson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Troy, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
17. INFORMANT Robert Hugh Webster			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Premature separation placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John F. Barnes M.D.	
23b. DATE SIGNED Apr. 7, 1955		23c. ATTENDANT'S ADDRESS 1347 S. 1st St. Lewiston	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Nancy Richards		23e. TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 3/21/55	25c. NAME OF CEMETERY OR CREMATORY Vineland	25d. LOCATION (City, town, or county) (State) Clarkston, Washington
DATE REC'D BY LOCAL REG. 4-5-55		25e. FUNERAL DIRECTOR ADDRESS M.C. Merchant Clarkston, Washington	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 057
Local Reg. No. 32
Reg. Dist. No. 170

State of **Idaho**

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallace		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osburn Box 1032	
c. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Girl Barney			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 24 1955
7. FATHER'S NAME a. (First) Argie b. (Middle) Earl c. (Last) Barney		8. COLOR OR RACE White	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) St. Anthony Idaho	11a. USUAL OCCUPATION Unemployed	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Janet b. (Middle) Elaine c. (Last) Regan		13. COLOR OR RACE White	
14. AGE (At time of this birth) 13 YEARS	15. BIRTHPLACE (State or foreign country) Kellogg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs Janet Barney Mother None None None			
18a. LENGTH OF PREGNANCY WEEKS 5	18b. WEIGHT AT BIRTH LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date February 8, 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Immaturity - birth injury	
		20b. MATERNAL CAUSES Premature labor, breech presentation, difficult labor & delivery	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR As above under 20b		22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction, episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:55 A. m.		23a. ATTENDANT'S SIGNATURE Robert J. Farrell MD	23b. DATE SIGNED 26 March 55
23c. ATTENDANT'S ADDRESS Wallace, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Hale L. Cornell	TITLE Reg
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE Mar 24 1955	25c. NAME OF CEMETERY OR CREMATORY Osburn	25d. LOCATION (City, town, or county) (State) Osburn Idaho
26. FUNERAL DIRECTOR Hale L. Cornell		ADDRESS Wallace Idaho	

Sept 11th

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MAR 23 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

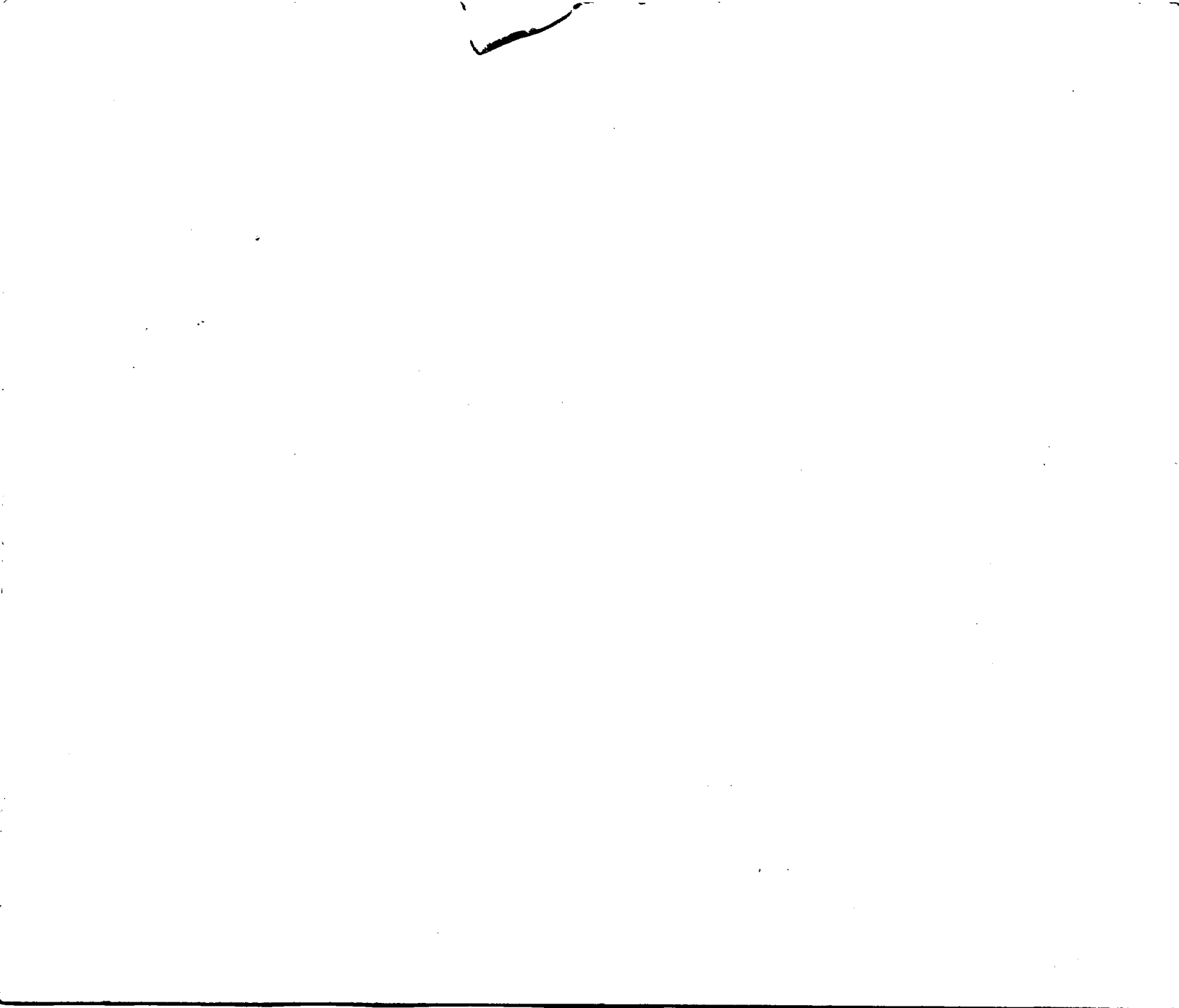
State File No.

Local Reg. No.

Reg. Dist. No.

258

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial		d. STREET ADDRESS (If rural, give location) 712 2nd Ave. West	
3. CHILD'S NAME (Type or Print) Gayle Ann Crumbliss			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 4, 1955
7. FATHER'S NAME a. (First) Lee Roy b. (Middle) Crumbliss c. (Last) Crumbliss		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Neosho Missouri	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Downs Distributing
12. MOTHER'S MAIDEN NAME a. (First) Doris b. (Middle) Allen c. (Last) Allen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Twin Falls Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT X Lee Roy Crumbliss			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Acute Erythroblastosis		20a. FETAL CAUSES H.D. neg. mother	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lawrence C. Luke M.D.	
23b. DATE SIGNED Mar. 8, 1955		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Nelson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Mar. 5, 1955	
25c. NAME OF CEMETERY OR CREMATORY Sun Set Memorial		25d. LOCATION (City, town, or county) (State) Twin Falls Idaho	
DATE REC'D BY LOCAL REG. March 8, 1955		26. FUNERAL DIRECTOR John F. Nelson	
REGISTRAR'S SIGNATURE Lemora O. Towner		ADDRESS Twin Falls	



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(1949 Revision of Standard Certificate)

APR 23 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

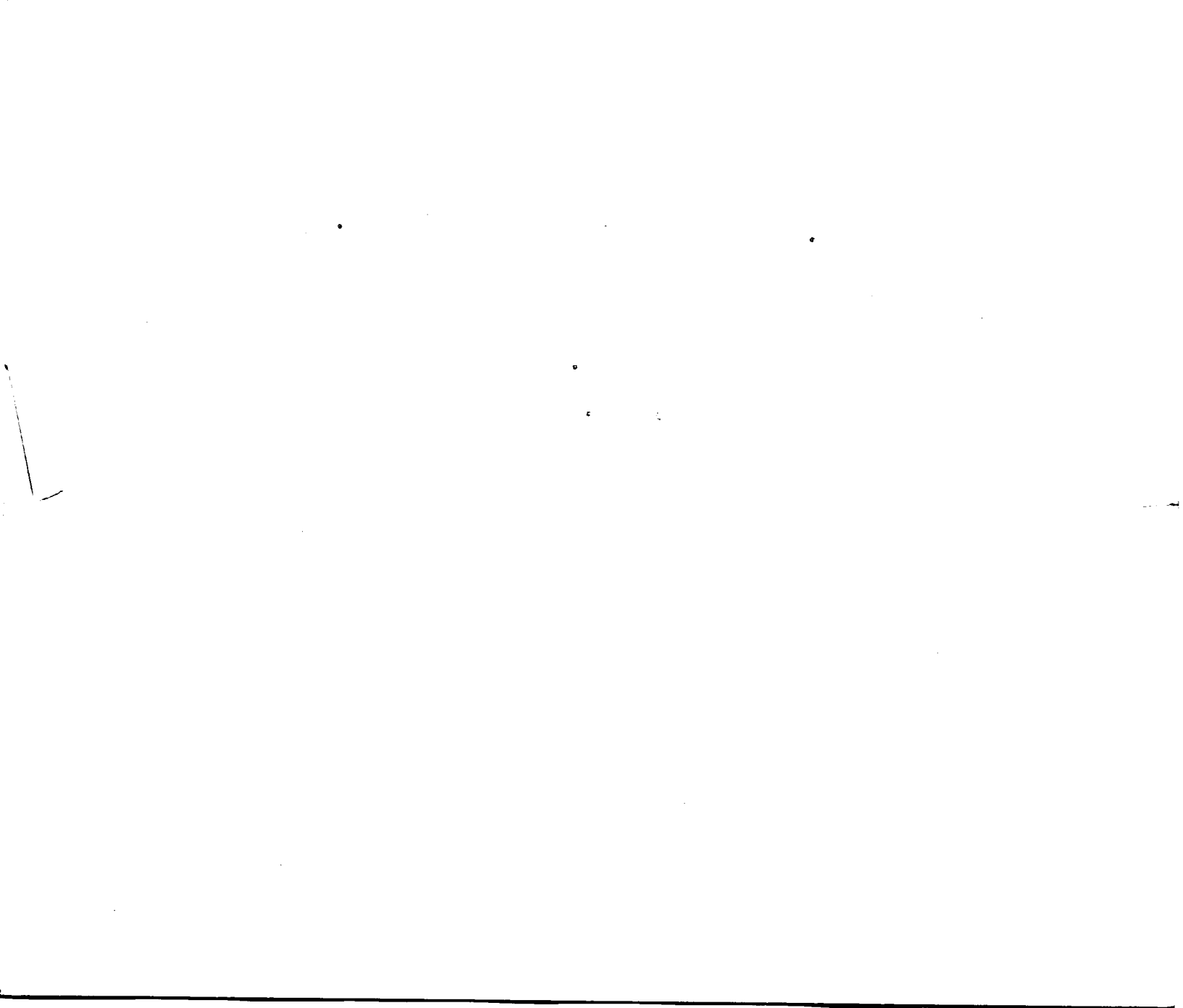
State File No.

050

Local Reg. No. 113

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1420 N. 25th Street	
3. CHILD'S NAME (Type or Print) RICHARD HERMANN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 9, 1955
7. FATHER'S NAME a. (First) Ralph b. (Middle) F. c. (Last) Hermann	8. COLOR OR RACE White		
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Milwaukee, Wis.	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY Building
12. MOTHER'S MAIDEN NAME a. (First) Buford b. (Middle) c. (Last) Gage	13. COLOR OR RACE White		
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Ralph Hermann Boise 1420 N. 25th			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Oct. '54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None (by autopsy) 20b. MATERNAL CAUSES Abruptio Placenta (Premature separation)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia & elev. BP and anemia		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 P. M.		23a. ATTENDANT'S SIGNATURE Robert T. Majors, M.D. 23c. ATTENDANT'S ADDRESS Boise Idaho	23b. DATE SIGNED April 11, 1955 24. SIGNATURE OF AUTHORIZED OFFICIAL Clayton E. Summers TITLE SUMMERS FUNERAL HOME
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/11/55	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 4-21-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Clayton E. Summers ADDRESS Boise, Idaho	



MAY 4 1955

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Division of Vital Statistics (1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 160

Local Reg. No. 2

Reg. Dist. No. 322

1. PLACE OF STILLBIRTH a. COUNTY ADAMS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY Adams	
b. CITY OR TOWN Council Hospital		c. CITY OR TOWN Mesa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Council Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) IN FAINT BAHN			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 22 1955
7. FATHER'S NAME a. (First) Bernard b. (Middle) B. c. (Last) Ball		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Remmer WYOMING	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Evelyn c. (Last) Dingley		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Dillon Mont.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Bernard Ball			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Cord short + over shoulder of child embarrassing blood supply	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 21.22 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Edna G. Gentry	
23b. DATE SIGNED 28 Apr 55		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
23c. ATTENDANT'S ADDRESS Council, Idaho		If NOT attended by physician	
25a. DATE 4-25-55	25c. NAME OF CEMETERY OR CREMATORY Hillcrest	25d. LOCATION (City, town, or county) (State) Weiber IDAHO	
DATE REC'D BY LOCAL REG. 4-28-55	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR ADDRESS R. Dee Thompson Weiser, Idaho	

APR 23

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 061

Local Reg. No. 93

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS 726 North 8th			
3. CHILD'S NAME (Type or Print) INFANT SPIDELL					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 3 55		
7. FATHER'S NAME a. (First) Reece		b. (Middle) Clyde		c. (Last) Spidell	
				8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Cleveland, Idaho	11a. USUAL OCCUPATION Filter Operator		11b. KIND OF BUSINESS OR INDUSTRY Simplot	
12. MOTHER'S MAIDEN NAME a. (First) Justine		b. (Middle) Evelyn		c. (Last) Giraud	
				13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Rupert, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3		b. How many children were born alive but are now dead? 1	
17. INFORMANT Justine E. Spidell				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES Premature Separation of Placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Separation of Placenta		22. STATE ALL OPERATIONS FOR DELIVERY None			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:31 A.M.		23a. ATTENDANT'S SIGNATURE Ralph B. Nepleid		(Specify if M.D., midwife, or other) None	
		23b. DATE SIGNED 4-8-55			
23c. ATTENDANT'S ADDRESS 10211111111111111111		24. SIGNATURE OF AUTHORIZED OFFICIAL Conway		TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-9-55	25c. NAME OF CEMETERY OR CREMATORY Mountain View		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. 4-20-55		REGISTRAR'S SIGNATURE Eva M. Wallin		26. FUNERAL DIRECTOR Hall-Grant Mortuary	
				ADDRESS 299 South Garfield	

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3. The third part of the paper is devoted to the study of the

4. The fourth part of the paper is devoted to the study of the

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MAY 13 1955 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 062

Local Reg. No. 116

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS 205 North 10th		(If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY BOY BILLS					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 4	(Day) 13	(Year) 55
7. FATHER'S NAME a. (First) Ned		b. (Middle) M.		c. (Last) Bills	
8. COLOR OR RACE White		9. AGE (At time of this birth) 34 YEARS		10. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	
11a. USUAL OCCUPATION Cashier		11b. KIND OF BUSINESS OR INDUSTRY Idaho Bank & Trust			
12. MOTHER'S MAIDEN NAME a. (First) Freda		b. (Middle)		c. (Last) Springer	
13. COLOR OR RACE White		14. AGE (At time of this birth) 32 YEARS		15. BIRTHPLACE (State or foreign country) Bronx, New York	
17. INFORMANT Freda Bills		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2		b. How many children were born alive but are now dead? 0	
18a. LENGTH OF PREGNANCY 26 WEEKS		18b. WEIGHT AT BIRTH 1 LBS. 8 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis			
		20b. MATERNAL CAUSES OK negative			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Stillbirth - Feb 25, 1955		22. STATE ALL OPERATIONS FOR DELIVERY none			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:47 p.m.		23a. ATTENDANT'S SIGNATURE Joseph B. Nepled		(Specify M. D., midwife, or other)	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack Henderson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE April 14, 1955		25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	
25d. LOCATION (City, town, or county) Pocatello		25e. (State) Idaho		25f. FUNERAL DIRECTOR Jack Henderson	
DATE REC'D BY LOCAL REG. 5-12-55		REGISTRAR'S SIGNATURE Eva M. Wallin		ADDRESS Pocatello, Idaho	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAY 10 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

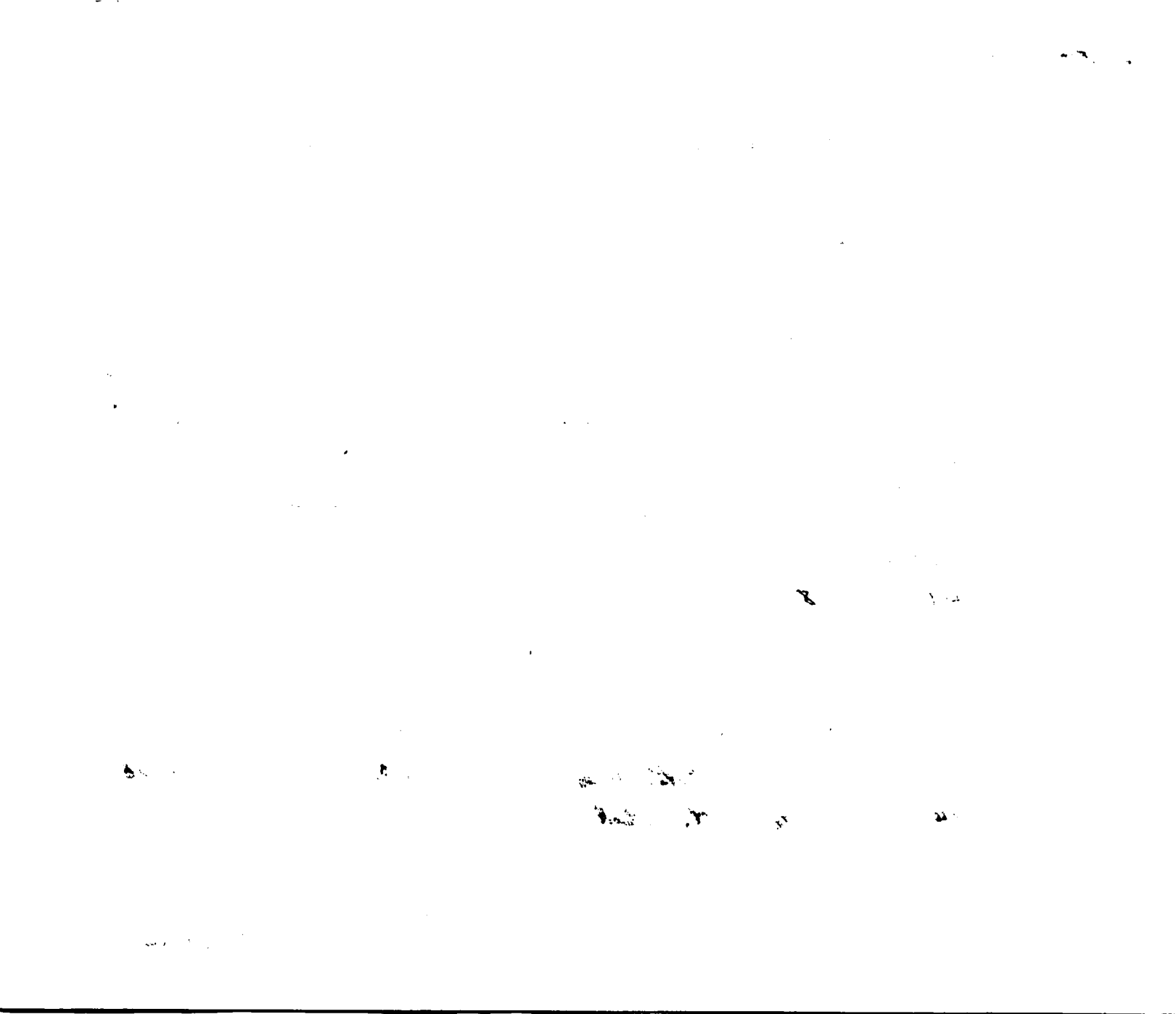
State of Idaho

State File No. 003

Local Reg. No. 192

Reg. Dist. No. 518

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 205 North 10th	
3. CHILD'S NAME (Type or Print) INFANT BROWN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 4 (Day) 13 (Year) 55
7. FATHER'S NAME a. (First) Mortimer		b. (Middle) F.	c. (Last) Brown
8. COLOR OR RACE White			
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Long Island, N.Y.	11a. USUAL OCCUPATION Baker	11b. KIND OF BUSINESS OR INDUSTRY Idaho Bank & Trust
12. MOTHER'S MAIDEN NAME a. (First) Alma		b. (Middle) Jean	c. (Last) Bennett
13. COLOR OR RACE White			
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Bronx, N.Y.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Alma G. Brown			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date September 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis fetalis		
	20b. MATERNAL CAUSES Rh Factor auto immunization		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Absent fetal movement + heart tones		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:02 P. m.	23a. ATTENDANT'S SIGNATURE B.B. Jorgensen M.D.		23b. DATE SIGNED 4-20-55
	23c. ATTENDANT'S ADDRESS Pocatello Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL John P. Grossman
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-19-55	25c. NAME OF CEMETERY OR CREMATORY Mountain View	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. 5-3-55	REGISTRAR'S SIGNATURE Evan M. Wallin	26. FUNERAL DIRECTOR ADDRESS Downard's 241 N. Garfield, Pocatello	



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FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

MAY 13 1955

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

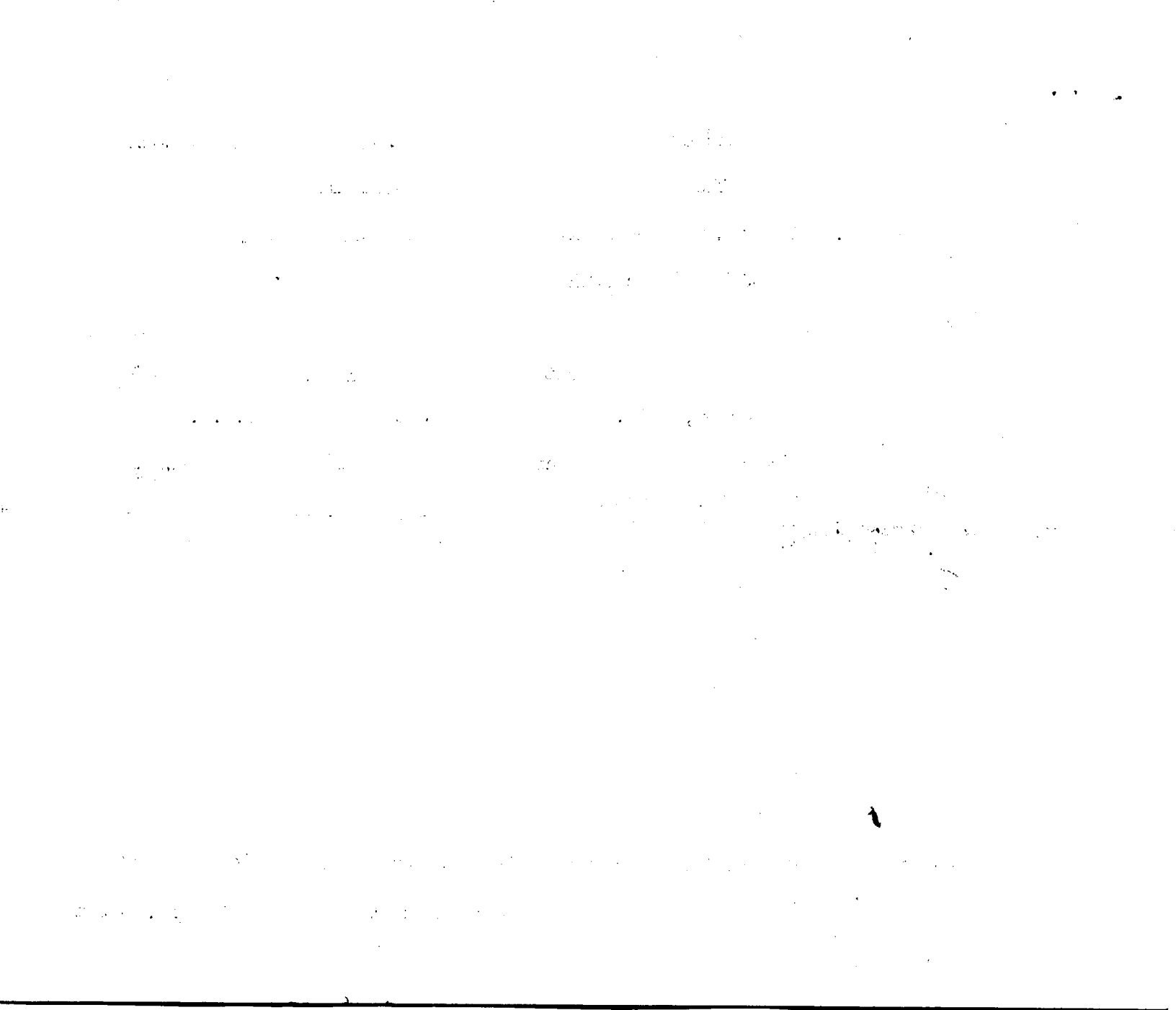
State of Idaho

State File No. 064

Local Reg. No. 110

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 829 East Halliday	
3. CHILD'S NAME (Type or Print) LORI JEAN McBEATH			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 23 55
7. FATHER'S NAME a. (First) Jo b. (Middle) Kent c. (Last) McBeath		8. COLOR OR RACE White	
9. AGE (At time of this birth) 18 YEARS	10. BIRTHPLACE (State or foreign country) Denver, Colo.	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY I.S.C.
12. MOTHER'S MAIDEN NAME a. (First) Ramona b. (Middle) Ann c. (Last) Pipes		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Roff, Oklahoma	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Kent McBeath			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES Large Omphalocele 20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:58 P. M.		23a. ATTENDANT'S SIGNATURE (Specify L.M.D., midwife, or other) Jack B. Henderson 23b. DATE SIGNED 4-26-55	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 25, 1955	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. 5-12-55	REGISTRAR'S SIGNATURE Edm. Wallin	26. FUNERAL DIRECTOR ADDRESS Jack Henderson 217 South Arthur	



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(1949 Revision of Standard Certificate)

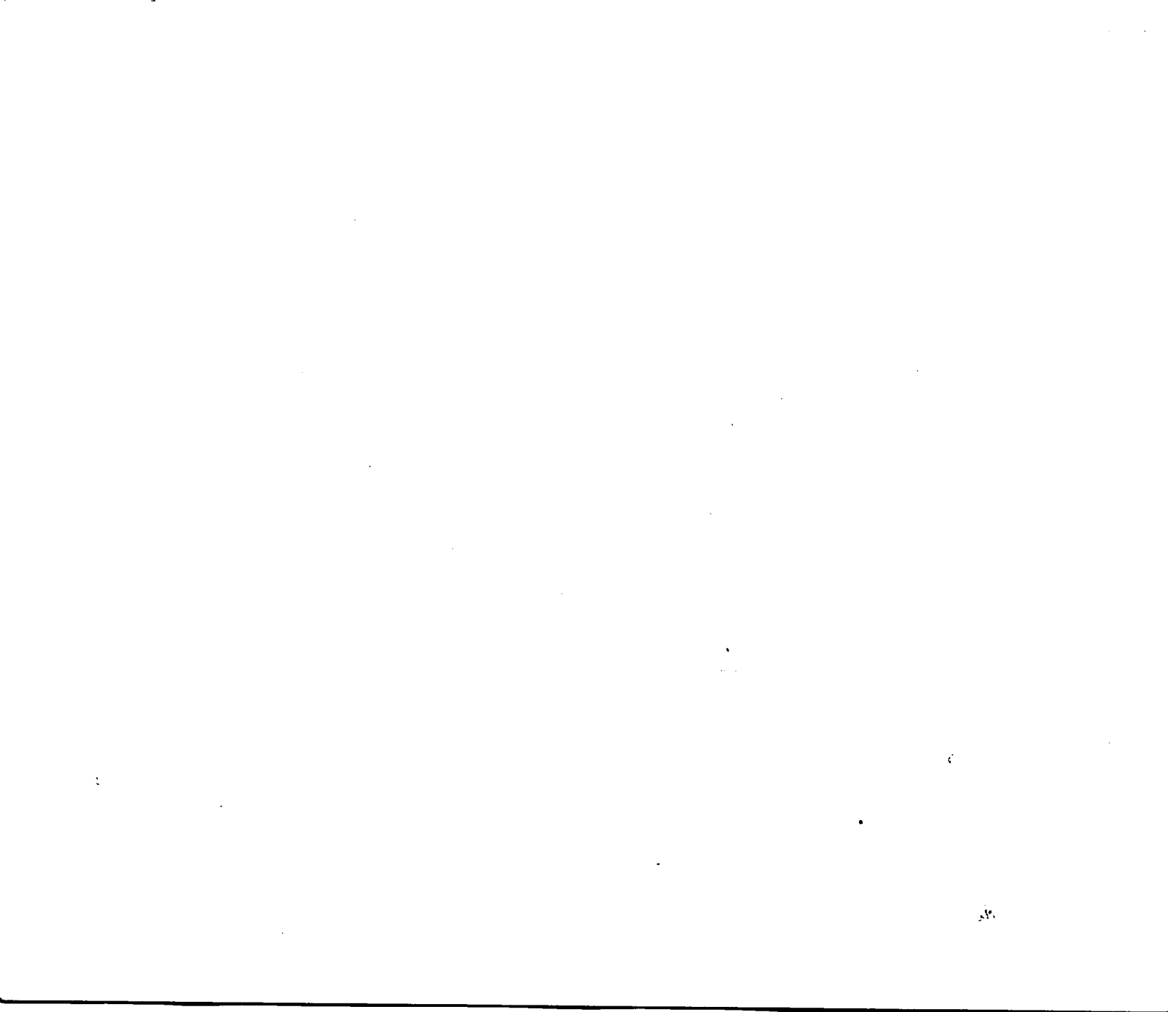
State File No. 065

Local Reg. No. 159

Reg. Dist. No. 620

APR 23 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 17, 1955
7. FATHER'S NAME a. (First) Henry b. (Middle) Charles c. (Last) Becker		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Olpe, Kansas	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Clara b. (Middle) May c. (Last) McDermott		13. COLOR OR RACE White	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Roberts, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. Henry E. Becker			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date October	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Toxemia of pregnancy - pre-eclampsia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-eclampsia		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:17 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Walter E. Hoge M.D.	
		23b. DATE SIGNED April 19, 1955	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Henry C. Becker (Father)	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE April 17, 1955	
25c. NAME OF CEMETERY OR CREMATORY own place		25d. LOCATION (City, town, or county) (State) Blackfoot Idaho	
DATE REC'D BY LOCAL REG. April 20 - 1955		REGISTRAR'S SIGNATURE Mr. Lester E. Catlin	
		26. FUNERAL DIRECTOR Henry C. Becker (Father) Blackfoot, Idaho. Rt. 1	



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(1949 Revision of Standard Certificate)

MAY 10 1955

Division of Vital Statistics

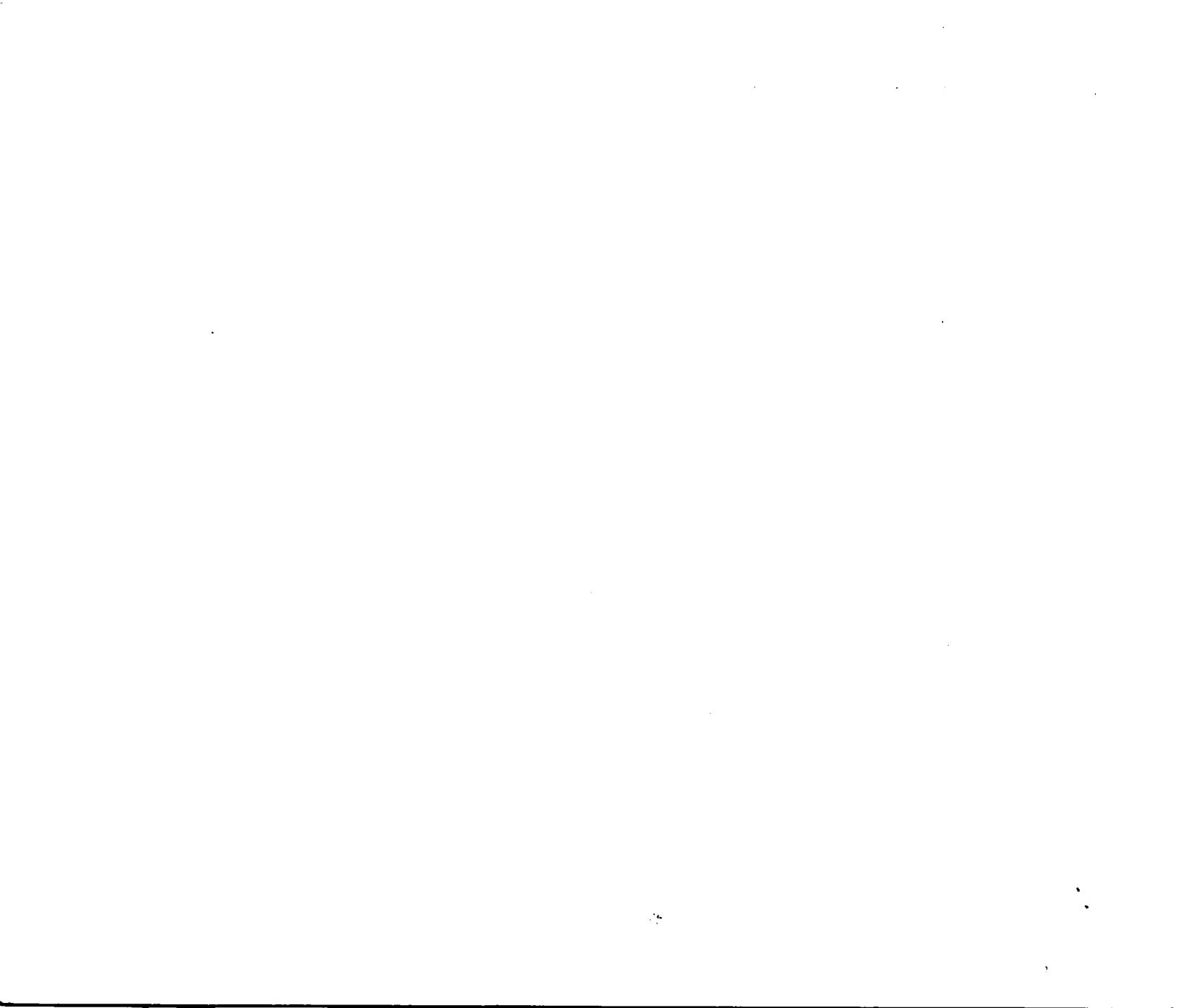
State of Idaho

State File No. 060

Local Reg. No. 178

Reg. Dist. No. C-2

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 390 East Alice	
3. CHILD'S NAME (Type or Print) Lillian Jeanne Briggs			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Apr. 29, 1955
7. FATHER'S NAME a. (First) Unknown b. (Middle) c. (Last)			8. COLOR OR RACE white
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Jean c. (Last) Cheney			13. COLOR OR RACE white
14. AGE (At time of this birth) YEARS 28	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Margaret Cheney			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech presentation, premature labor.		22. STATE ALL OPERATIONS FOR DELIVERY Breech delivery.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other) L. J. Bingham M.D.	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho		23b. DATE SIGNED May 3, 1955	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 5-4-55	
25c. NAME OF CEMETERY OR CREMATORY State Hospital South Cem.		25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho	
DATE REC'D BY LOCAL REG. May 9-1955		26. FUNERAL DIRECTOR ADDRESS Howard Parkman Blackfoot, Idaho	



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(1949 Revision of Standard Certificate)

APR 25 1955

CERTIFICATE OF STILLBIRTH

State File No. 067

Local Reg. No. 7

Reg. Dist. No. 110

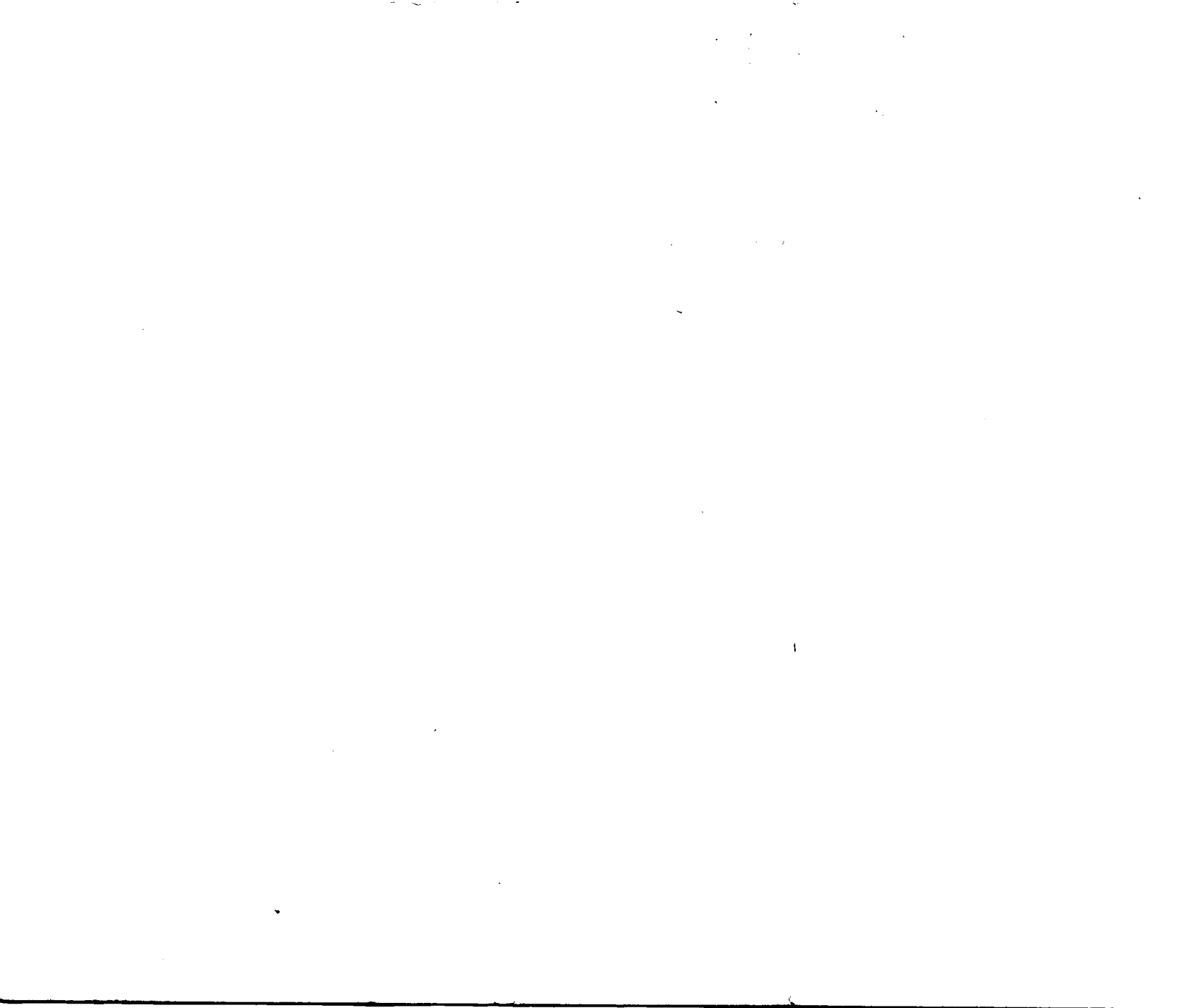
Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Benner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Benner General Hosp.		d. STREET ADDRESS (If rural, give location) Route 1	
3. CHILD'S NAME (Type or Print) NOELA LYNNELL HAWKINS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 15, 1955
7. FATHER'S NAME a. (First) Lynn b. (Middle) E c. (Last) Hawkins		8. COLOR OR RACE White	
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) TwoButtes Colorado	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Stella b. (Middle) A c. (Last) Haslett		13. COLOR OR RACE White	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Overbrook Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Lynn E. Hawkins,			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-10-54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Complications of long umbilical cord 20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Placental occiput posterior		22. STATE ALL OPERATIONS FOR DELIVERY Outlet forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 P. m.		23a. ATTENDANT'S SIGNATURE John W. Smith MD 23c. ATTENDANT'S ADDRESS 1012 N. First St. Sandpoint, Idaho	23b. DATE SIGNED 4-18-55
24. SIGNATURE OF AUTHORIZED OFFICIAL Grace Ralph		TITLE REG	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 19, 1955	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cem.	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE April 23, 1955		26. FUNERAL DIRECTOR LS Mason ADDRESS Sandpoint, Idaho	

For Hatch

RECEIVED (1949 Revision of Standard Certificate) MAY 3 1956 Division of Vital Statistics				State of Idaho		State File No. 068 Local Reg. No. 62 Reg. Dist. No. 610	
1. PLACE OF STILLBIRTH a. COUNTY Bonneville				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lemhi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mackay, Idaho			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L.D.S. Hospital				d. STREET ADDRESS (If rural, give location) General Delivery			
3. CHILD'S NAME (Type or Print) Baby Radford							
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 13, 1955				
7. FATHER'S NAME a. (First) Don b. (Middle) Radford c. (Last) White		8. COLOR OR RACE White					
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Ririe, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture				
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) E c. (Last) Radford		13. COLOR OR RACE White					
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0					
17. INFORMANT							
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity					
		20b. MATERNAL CAUSES Premature separation of Placenta					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20 B				22. STATE ALL OPERATIONS FOR DELIVERY Version & Extraction			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M., D., midwife, or other) Joseph M. Hatch M.D.		23b. DATE SIGNED 24 April			
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE Apr. 14, 56	25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho			
DATE REC'D BY LOCAL REG. April 28-56		REGISTRAR'S SIGNATURE Lura A. Biedger		26. FUNERAL DIRECTOR ADDRESS Leo A. Williams Idaho Falls			



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PHS-797(VS)

4-49

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEMAY 18 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 069

Local Reg. No. 5

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH

a. COUNTY

Canyon

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Nampa

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Canyon

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Nampa

d. STREET
ADDRESS

(If rural, give location)

1408 Schley

3. CHILD'S NAME

(Type or Print)

MICHIEL IRVIN ELLIOTT

4. SEX

male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Jan. 18, 1955

7. FATHER'S NAME

a. (First)

Kenneth

b. (Middle)

Paul

c. (Last)

Elliott

8. COLOR OR RACE

white

9. AGE (At time of this birth)

25

YEARS

10. BIRTHPLACE (State or foreign country)

Flasher, N. Dak.

11a. USUAL OCCUPATION

Butcher

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Constance

b. (Middle)

Lucille

c. (Last)

Martin

13. COLOR OR RACE

white

14. AGE (At time of this birth)

21

YEARS

15. BIRTHPLACE (State or foreign country)

Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

0

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Kenneth Paul Elliott

18a. LENGTH OF PREGNANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

Caesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

1/31/55

23c. ATTENDANT'S ADDRESS

1414 1st St. So.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

1/20/55

25c. NAME OF CEMETERY OR CREMATORY

Kohlerlawn

25d. LOCATION (City, town, or county)

Nampa, Idaho

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

May 12, 1955

Mrs. June

Hick

Kenneth E. Spence

Nampa, Idaho

LEWIS EDMUNDS MORTUARY

RECEIVED

(1949 Revision of Standard Certificate)

MAY 19 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 070

Local Reg. No. 6

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 404 Ivy Street	
3. CHILD'S NAME (Type or Print) Infant Boy Sargent			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 21, 1955
7. FATHER'S NAME a. (First) John b. (Middle) W c. (Last) Sargent		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Evanston, Illinois	11a. USUAL OCCUPATION Apprentice	11b. KIND OF BUSINESS OR INDUSTRY Pac. Fruit Exp. Shops
12. MOTHER'S MAIDEN NAME a. (First) Echo b. (Middle) Dell c. (Last) Gaxson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT John W. Sargent Nampa, Idaho.			
18a. LENGTH OF PREG- NANCY 35 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 3-8-55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Toxemia of Pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia of Pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY None - Spontaneous Delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:35 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. C. Horton Jr M.D.	
23b. DATE SIGNED 4-29-55		23c. ATTENDANT'S ADDRESS 1223-7 St So, Nampa	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Alsip		TITLE Alsip Funeral Chapel	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/23/55	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Idaho.
DATE REC'D BY LOCAL REG. May 17, 1955	REGISTRAR'S SIGNATURE Mrs. Jane Steuk	26. FUNERAL DIRECTOR Alsip	ADDRESS Nampa, Idaho.

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 071
Local Reg. No. 2
Reg. Dist. No. 220-221

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Caribou County Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thatcher</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>JANET ROPER</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 9, 1955</u>		
7. FATHER'S NAME a. (First) <u>Leo</u> b. (Middle) c. (Last) <u>Roper</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Thatcher, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) c. (Last) <u>Johnson</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Thatcher, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>			
17. INFORMANT <u>Leo B Roper</u>					
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>6 Oct 1954</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Congenital polycystic kidneys</u>			
		20b. MATERNAL CAUSES <u>None</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Frank Bruich</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Emmett E. Herron M.D.</u>		23b. DATE SIGNED <u>14 April 55</u>	
		23c. ATTENDANT'S ADDRESS <u>Grace, Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/12/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grace Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Grace, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>4-13-55</u>	REGISTRAR'S SIGNATURE <u>Betty Mae Burton</u>	26. FUNERAL DIRECTOR <u>Thaddeus A. Allen</u>	ADDRESS <u>Soda Springs, Ida.</u>		

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

Form 1-10-1

Name of Applicant		Address	
John Doe		123 Main St, Anytown, USA	
Date of Application		Date of Receipt	
1925		1925	
Name of Invention		Description of Invention	
New Plant Variety		A new variety of cotton plant with improved yield and resistance to disease.	
Name of Inventor		Address of Inventor	
John Doe		123 Main St, Anytown, USA	
Date of Invention		Date of Completion	
1925		1925	
Name of Agent		Address of Agent	
John Doe		123 Main St, Anytown, USA	
Date of Agent's Application		Date of Agent's Receipt	
1925		1925	
Name of Examiner		Address of Examiner	
John Doe		123 Main St, Anytown, USA	
Date of Examiner's Application		Date of Examiner's Receipt	
1925		1925	
Name of Registrar		Address of Registrar	
John Doe		123 Main St, Anytown, USA	
Date of Registrar's Application		Date of Registrar's Receipt	
1925		1925	
Name of Attorney		Address of Attorney	
John Doe		123 Main St, Anytown, USA	
Date of Attorney's Application		Date of Attorney's Receipt	
1925		1925	
Name of Clerk		Address of Clerk	
John Doe		123 Main St, Anytown, USA	
Date of Clerk's Application		Date of Clerk's Receipt	
1925		1925	
Name of Secretary		Address of Secretary	
John Doe		123 Main St, Anytown, USA	
Date of Secretary's Application		Date of Secretary's Receipt	
1925		1925	
Name of Assistant		Address of Assistant	
John Doe		123 Main St, Anytown, USA	
Date of Assistant's Application		Date of Assistant's Receipt	
1925		1925	
Name of Inspector		Address of Inspector	
John Doe		123 Main St, Anytown, USA	
Date of Inspector's Application		Date of Inspector's Receipt	
1925		1925	
Name of Agent		Address of Agent	
John Doe		123 Main St, Anytown, USA	
Date of Agent's Application		Date of Agent's Receipt	
1925		1925	
Name of Examiner		Address of Examiner	
John Doe		123 Main St, Anytown, USA	
Date of Examiner's Application		Date of Examiner's Receipt	
1925		1925	
Name of Registrar		Address of Registrar	
John Doe		123 Main St, Anytown, USA	
Date of Registrar's Application		Date of Registrar's Receipt	
1925		1925	
Name of Attorney		Address of Attorney	
John Doe		123 Main St, Anytown, USA	
Date of Attorney's Application		Date of Attorney's Receipt	
1925		1925	
Name of Clerk		Address of Clerk	
John Doe		123 Main St, Anytown, USA	
Date of Clerk's Application		Date of Clerk's Receipt	
1925		1925	
Name of Secretary		Address of Secretary	
John Doe		123 Main St, Anytown, USA	
Date of Secretary's Application		Date of Secretary's Receipt	
1925		1925	
Name of Assistant		Address of Assistant	
John Doe		123 Main St, Anytown, USA	
Date of Assistant's Application		Date of Assistant's Receipt	
1925		1925	
Name of Inspector		Address of Inspector	
John Doe		123 Main St, Anytown, USA	
Date of Inspector's Application		Date of Inspector's Receipt	
1925		1925	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

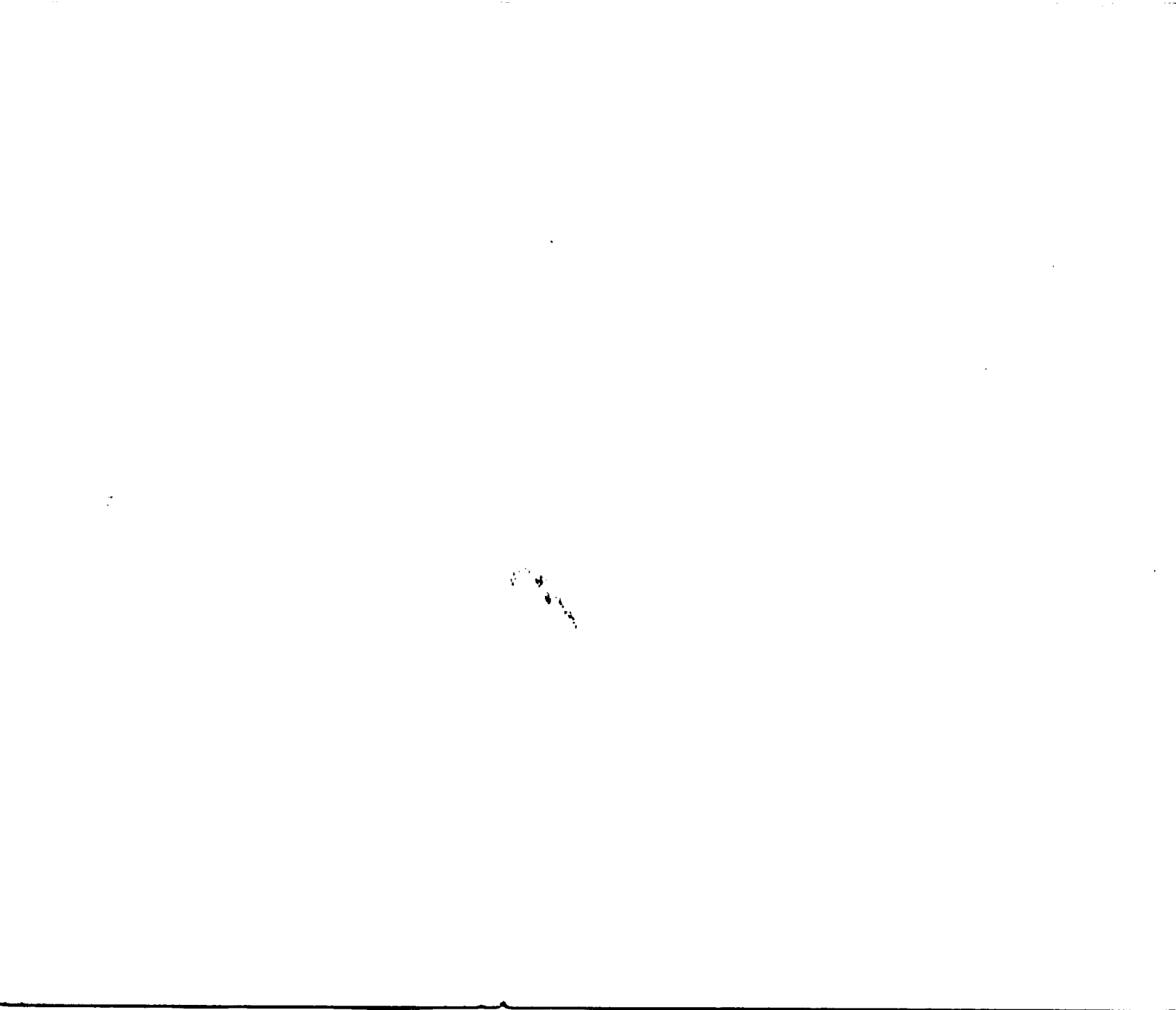
Local Reg. No.

Reg. Dist. No.

072

391
470

1. PLACE OF STILLBIRTH a. COUNTY <i>Cassia</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Minidoka</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Burley</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rupert</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cottage Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Route 2</i>	
3. CHILD'S NAME (Type or Print) <i>Frank W. Bales Baby.</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Apr. 4 1955</i>
7. FATHER'S NAME a. (First) <i>Frank W</i> b. (Middle) <i>Bales</i> c. (Last) <i>Bales</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>19</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Rupert Idaho</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Mary Jane</i> b. (Middle) <i>Hansen</i> c. (Last) <i>Hansen</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>16</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Burley Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>none</i> b. How many children were born alive but are now dead? <i>none</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>none</i>	
17. INFORMANT <i>Frank W. Bales</i>			
18a. LENGTH OF PREGNANCY <i>28</i> WEEKS	18b. WEIGHT AT BIRTH <i>3</i> LBS. <i>8</i> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Ph. Neg. blood.</i>	
		20b. MATERNAL CAUSES <i>Ph. Neg. blood.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. D.</i>	
23b. DATE SIGNED <i>M.D.</i>		23c. ATTENDANT'S ADDRESS <i>Burley Idaho</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>William B. Boardman</i>		TITLE <i>Registrar</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>4-5-55</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Jim Memorial</i>	25d. LOCATION (City, town, or county) (State) <i>Burley Idaho</i>
DATE REC'D BY LOCAL REG. <i>4/6/55</i>	REGISTRAR'S SIGNATURE <i>William B. Boardman</i>	26. FUNERAL DIRECTOR ADDRESS <i>William B. Boardman</i>	



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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 30 1955 State of Idaho

State File No. 073
Local Reg. No. 284
Reg. Dist. No. 146

1. PLACE OF STILLBIRTH a. COUNTY Jerome b. CITY OR TOWN Jerome c. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome c. CITY OR TOWN Jerome d. STREET ADDRESS Rt 3	
3. CHILD'S NAME (Type or Print) TIMOTHY SCHEER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 20, 1955
7. FATHER'S NAME a. (First) Leonard b. (Middle) Bernard c. (Last) Scheer		8. COLOR OR RACE Wh.	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Marville Kansas	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Erma b. (Middle) Jean c. (Last) Martin		13. COLOR OR RACE Wh.	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Green Forest, Ark.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Leonard Scheer			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes 0 No 1 Approximate date Nov. 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none 20b. MATERNAL CAUSES Low implantation placenta centralis	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature labor.		22. STATE ALL OPERATIONS FOR DELIVERY 0	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:15 a.m.		23a. ATTENDANT'S SIGNATURE James E. Hoar M.D. 23c. ATTENDANT'S ADDRESS Jerome, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Apr. 20, 1955 25c. NAME OF CEMETERY OR CREMATORY Jerome 25d. LOCATION (City, town, or county) Jerome, Idaho (State)	
DATE REC'D BY LOCAL REG. April 20, 1955		26. FUNERAL DIRECTOR ADDRESS Sister M. P. ... 145 E Ave B	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 074

Local Reg. No. 3

Reg. Dist. No. 120

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1802 N. 4th</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Osterberg</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>1</u> <u>55</u>
7. FATHER'S NAME a. (First) <u>Carl</u> b. (Middle) <u>Osterberg</u> c. (Last) <u>Osterberg</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Truck driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Evelyn</u> b. (Middle) <u>Drennan</u> c. (Last) <u>Drennan</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) <u>Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mr. Carl Osterberg</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>asphyxia from pinched cord.</u>		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Transv. posit; unt. version, Banded ring lower uterine seg; around head babe</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Isaiah Barclay M.D.</u>		23b. DATE SIGNED <u>4-1-55</u>
	23c. ATTENDANT'S ADDRESS <u>Coeur d'Alene, Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Richard J. Penman</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-1-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-4-55</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>	26. FUNERAL DIRECTOR <u>Richard J. Penman</u> ADDRESS <u>C.O.A. S.S.</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEAPR 22 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 075

Local Reg. No. 670

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Lemhi

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Salmon

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Steele Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Lemhi

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Patterson

d. STREET
ADDRESS

(If rural, give location)

3. CHILD'S NAME

(Type or Print)

Vickey Lynn Madison

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

April 6, 1955

7. FATHER'S NAME

a. (First)

John

b. (Middle)

Myron

c. (Last)

Madison

8. COLOR OR RACE

White

9. AGE (At time of this birth)

26

YEARS

10. BIRTHPLACE (State or foreign country)

Whitehall, Ill.

11a. USUAL OCCUPATION

Diamond Driller

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Janis

b. (Middle)

Laing (Madison)

c. (Last)

13. COLOR OR RACE

White

14. AGE (At time of this birth)

20

YEARS

15. BIRTHPLACE (State or foreign country)

Mackey, Idaho

17. INFORMANT

John Myron Madison

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

0

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

18a. LENGTH OF PREGNANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Accidental, this woman slipped & fell on the ice

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If not attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

4-7-55

25c. NAME OF CEMETERY OR CREMATORY

Salmon

25d. LOCATION (City, town, or county)

Salmon, Idaho

(State)

DATE REC'D BY LOCAL REG.

4-18-55

REGISTRAR'S SIGNATURE

Viola E. Johnson

26. FUNERAL DIRECTOR

Robert C. Jones

ADDRESS

Salmon, Idaho

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(1949 Revision of Standard Certificate)

MAY 17 1955

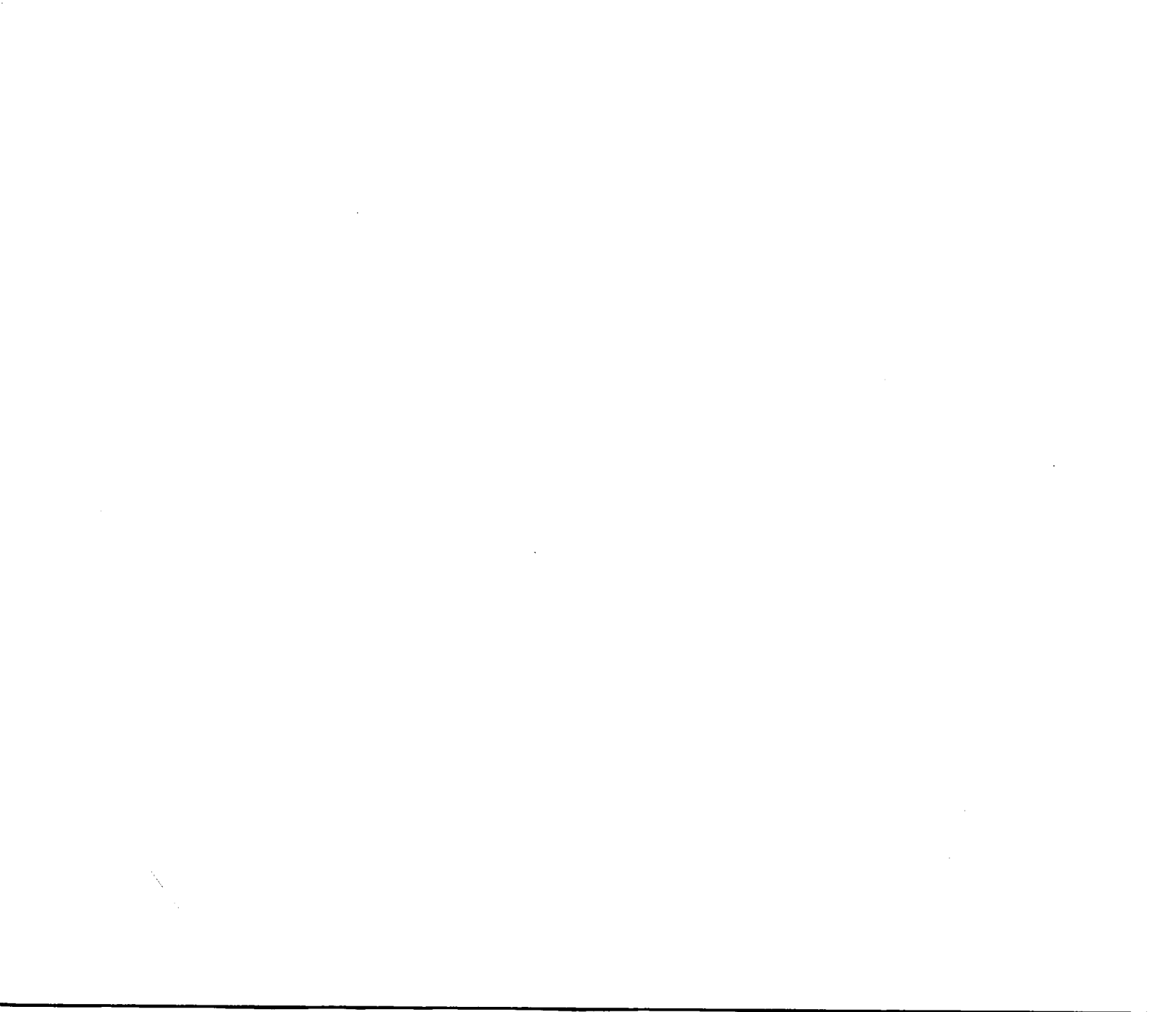
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 1
Reg. Dist. No. 320

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Payette</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Payette</u>	
b. CITY OR TOWN <u>Payette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Payette</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Payette General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2077 First Avenue South</u>	
3. CHILD'S NAME (Type or Print) <u>VALORIE GAIL MAIN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 27, 1955</u>
7. FATHER'S NAME a. (First) <u>Jesse</u> b. (Middle) c. (Last) <u>Main</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>55</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Armour, Nebraska</u>	11a. USUAL OCCUPATION <u>Fireman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Oregon Frozen Foods</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elvira</u> b. (Middle) c. (Last) <u>Buffington</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>42</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Edgemont, South Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Jesse Main</u> <u>Payette, Ida.</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>January 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Tight knot in cord.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30</u> a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. E. Carroll</u> M.D.	
23c. ATTENDANT'S ADDRESS <u>Payette, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gifford R. Shaffer</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 27, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Payette, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 27-1955</u>		26. FUNERAL DIRECTOR <u>Gifford R. Shaffer</u> ADDRESS <u>Payette, Idaho</u>	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
Division of Vital Statistics

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 25
Reg. Dist. No. 6 20

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>		
b. CITY OR TOWN <u>Driggs</u>			c. CITY OR TOWN <u>Victor</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print)					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>5</u> <u>1955</u>		
7. FATHER'S NAME a. (First) <u>Walter</u> b. (Middle) <u>Dewey</u> c. (Last) <u>Atkinson</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>54</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Woods cross Ut.</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Bernice</u> c. (Last) <u>McBride</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>44</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salt Lake City Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>7</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Walter D. Atkinson father</u>					
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8-28-54</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prolapse of the Cord.</u>			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cord Prolapse</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Driggs, Idaho</u>		23a. ATTENDANT'S SIGNATURE <u>J. C. Laman, M.D.</u>		23b. DATE SIGNED <u>4-6-55</u>	
		23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>April 5-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Buried on the ranch at Chapin Idaho</u>	25d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>April 8-55</u>	REGISTRAR'S SIGNATURE <u>Stella Griggs</u>		26. FUNERAL DIRECTOR ADDRESS		

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APR 19 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

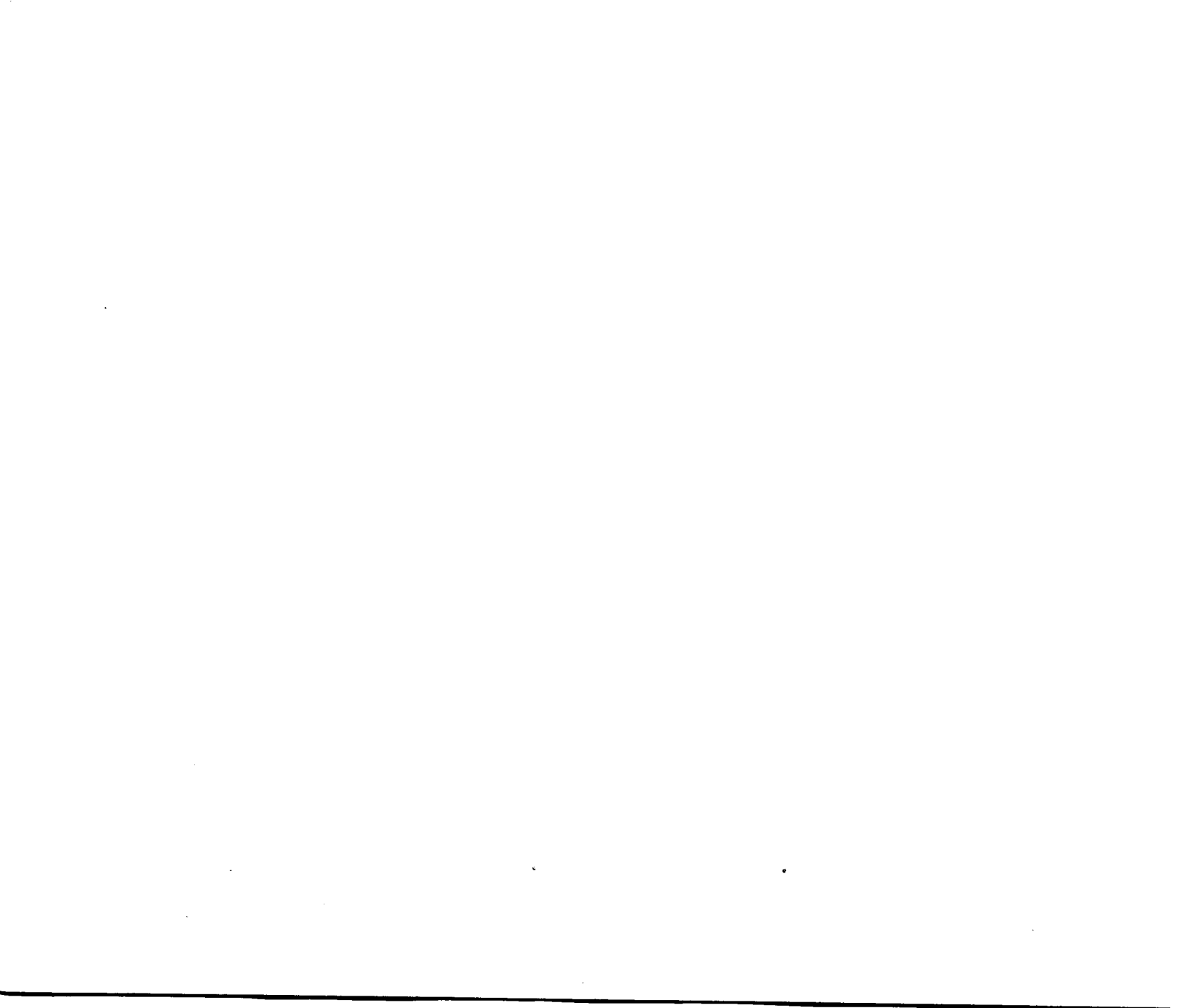
State of Idaho

State File No. 078

Local Reg. No. 698

Reg. Dist. No. 160

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>Twin Falls</u>			a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Maize Valley Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>619 2nd Ave N.</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Girl Price</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 7, 1955</u>		
7. FATHER'S NAME <u>Garth</u>		a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Price</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Gen Contractor</u>	
12. MOTHER'S MAIDEN NAME <u>Donna</u>		a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE <u>W</u>
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kimberly</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
17. INFORMANT <u>Dr. J. H. H. H.</u>		a. How many children are now living? <u>1</u>	b. How many children were born alive but are now dead? <u>0</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>	
18a. LENGTH OF PREG. NANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>4 LBS. 5 1/4 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis</u>			
		20b. MATERNAL CAUSES <u>Th -</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Dr. J. H. H. H.</u>		(Specify if M. D., midwife, or other)	
		23b. ATTENDANT'S ADDRESS <u>Twin Falls Idaho</u>		23c. DATE SIGNED <u>4-7-55</u>	
		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>White</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Apr. 7, 55</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Park</u>	
25d. LOCATION (City, town, or county) <u>Twin Falls, Idaho</u>		(State)			
DATE REC'D BY LOCAL REG <u>April 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Louise O. Loman</u>		2. FUNERAL DIRECTOR <u>White Mortuary</u> <u>Twin Falls, Idaho</u>	



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CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 079
Local Reg. No. 707
Reg. Dist. No. 460

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kimberly</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magi Valley Mem. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Addison Avenue West</u>	
3. CHILD'S NAME (Type or Print) <u>Hugh M. Nelson, Jr.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 14, 1955</u>
7. FATHER'S NAME a. (First) <u>Hugh</u> b. (Middle) <u>M.</u> c. (Last) <u>Nelson</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Employment agency</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Maurice</u> c. (Last) <u>Nelson</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mrs. Dorothy Nelson</u>			
18a. LENGTH OF PREG-NANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>1st Semester</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Rupture of uterus</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Gordon D. Oldham MD</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>4/14/55</u>
23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-16-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG <u>April 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Lena O'Jorman</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Twin Falls, Ida.</u>

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Division of Vital Statistics

State of Idaho

State File No. 080

Local Reg. No. 212

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY OR TOWN <u>Twin Falls Ida</u>		c. CITY OR TOWN <u>Castelford</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>		d. STREET ADDRESS <u>W. 11th</u>	
3. CHILD'S NAME (Type or Print) <u>Leah Ruth Reeves</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 15, 1955</u>
7. FATHER'S NAME a. (First) <u>Edgar</u> b. (Middle) <u>Alba</u> c. (Last) <u>Reeves</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Summit Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Normal Bonnell</u>		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July</u>	
18a. LENGTH OF PREGNANCY <u>9 mo</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	20a. FETAL CAUSES <u>Hemorrhage into adrenal glands</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES <u>none known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:00 A. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Vern H. Anderson M.D.</u>	
23b. DATE SIGNED <u>4-15-55</u>		23c. ATTENDANT'S ADDRESS <u>Buhl, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Hal J. Christensen</u>		TITLE <u>Buhl, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Apr. 18, '55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Buhl City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Buhl Idaho</u>
DATE REC'D BY LOCAL REG. <u>Apr. 18, '55</u>		26. FUNERAL DIRECTOR <u>Hal J. Christensen</u>	
REGISTRAR'S SIGNATURE		ADDRESS <u>Buhl, Idaho</u>	

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(1949 Revision of Standard Certificate)

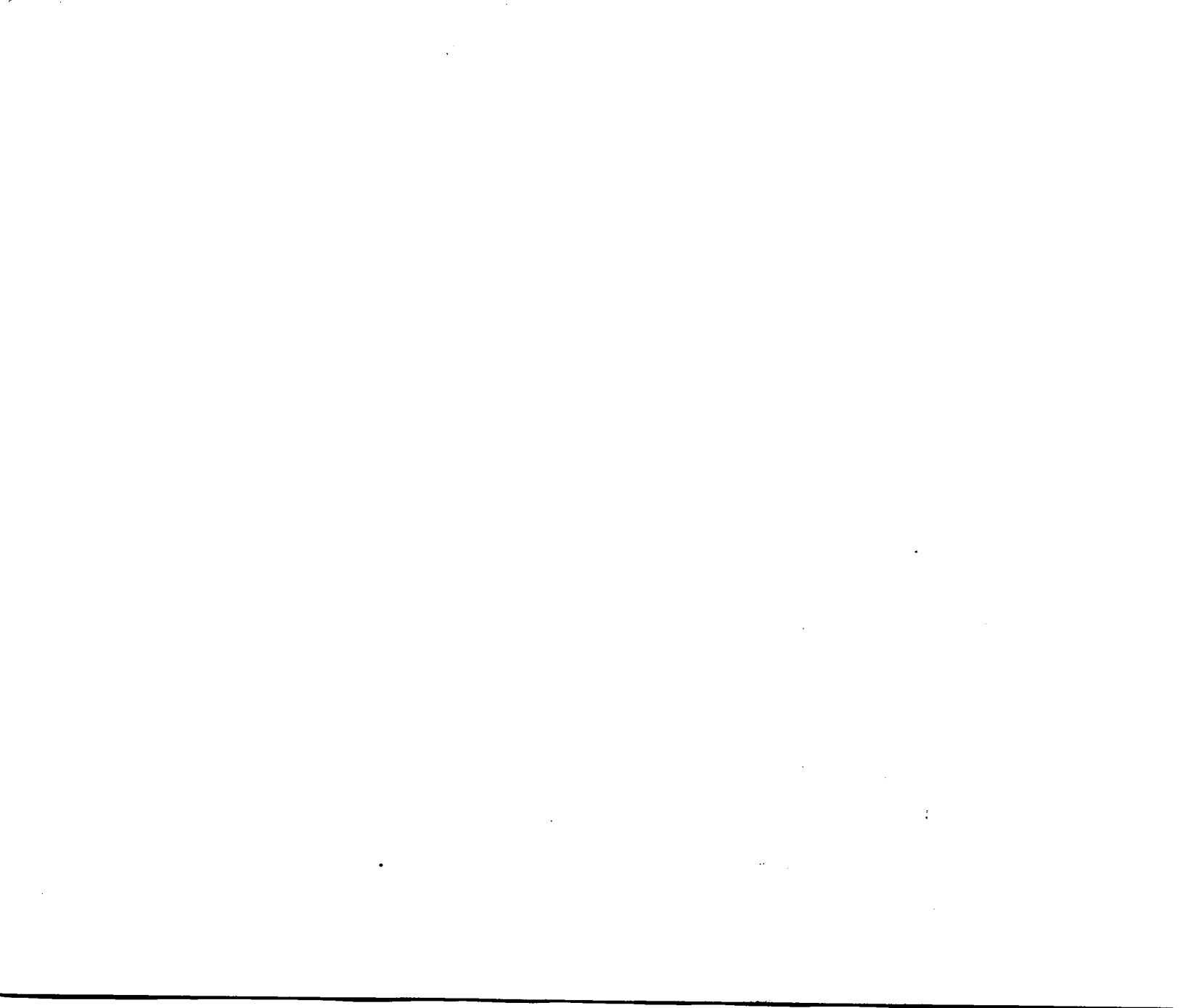
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.
Local Reg. No. 708
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Castletford</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>16</u> <u>1955</u>
7. FATHER'S NAME a. (First) <u>Franklin</u> b. (Middle) <u>V.</u> c. (Last) <u>Oxford</u>	8. COLOR OR RACE <u>W</u>		
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rogers, Ark.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Janet</u> b. (Middle) c. (Last) <u>Reeves</u>	13. COLOR OR RACE <u>W</u>		
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Milford, Neb</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Franklin Oxford</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No Approximate date <u>First Trimester</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>unknown (macerated fetus)</u> 20b. MATERNAL CAUSES <u>none (not known)</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>not apparent</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30 A</u> m.		23a. ATTENDANT'S SIGNATURE <u>Thorn H. Anderson M.D.</u> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Buhl, Idaho</u>	23b. DATE SIGNED <u>4-16-55</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Magic Valley Memorial Hospital</u> TITLE <u>Twin Falls, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE <u>4-16-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 16, 1955</u>		26. FUNERAL DIRECTOR <u>Magic Valley Memorial Hospital</u> ADDRESS <u>Twin Falls, Idaho</u>	



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APR 25 1955

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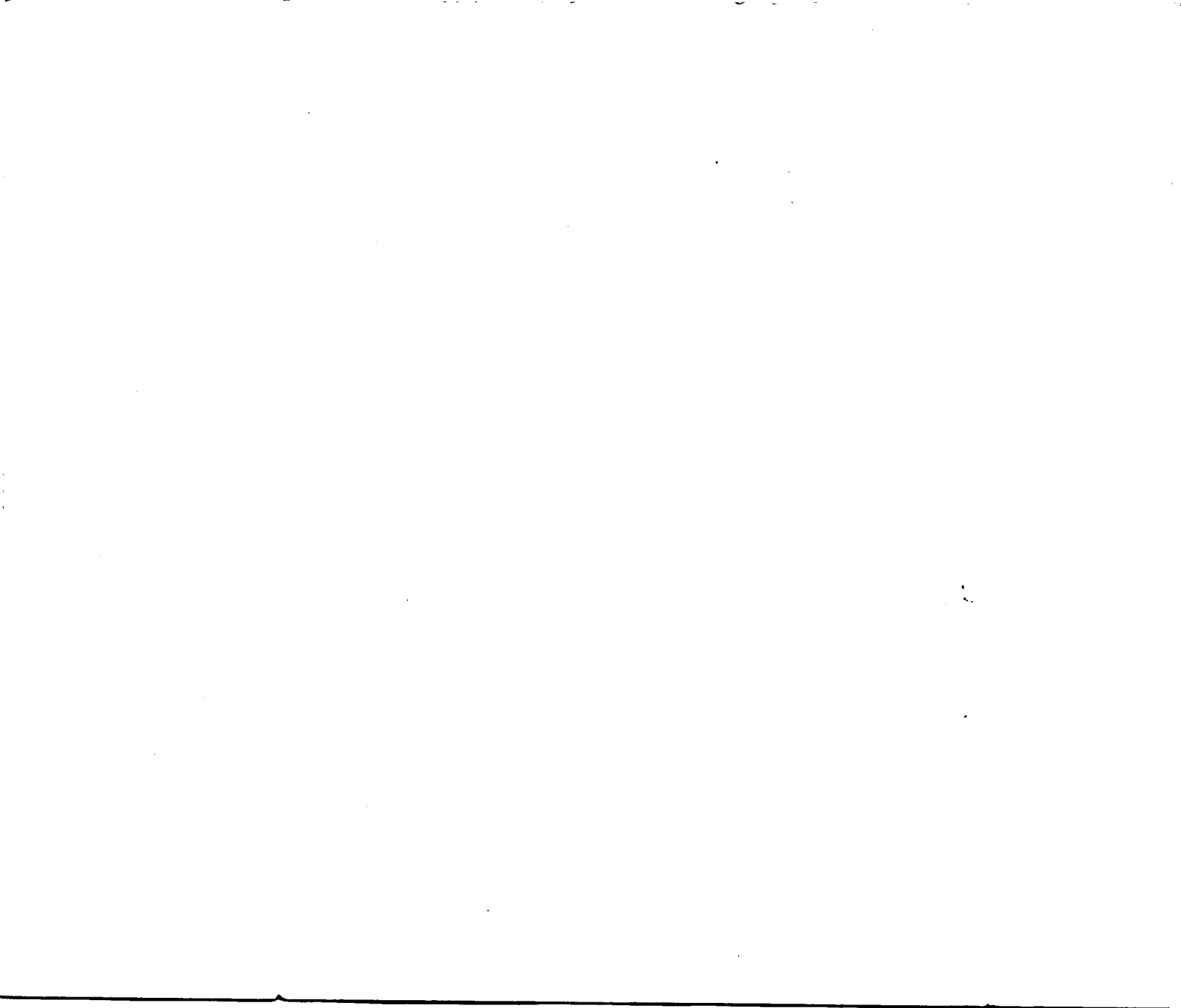
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 152

Local Reg. No. 19

Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 737 E. Court St.	
3. CHILD'S NAME (Type or Print) INFANT GIRL BOSLAU			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 16, 1955
7. FATHER'S NAME a. (First) Donald b. (Middle) Dean c. (Last) Boslau		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Sterling, Nebr.	11a. USUAL OCCUPATION Ass't Manager	11b. KIND OF BUSINESS OR INDUSTRY Grocery Store
12. MOTHER'S MAIDEN NAME a. (First) Barbara b. (Middle) Lee c. (Last) Watkins		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Weiser, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks gestation) ***** none	
17. INFORMANT Donald D. Boslau			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 22 Oct 54	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetus Dead in uterus at about 8 months - Delivered 3 weeks later.		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:50 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Hyden Hancher, M.D.	
23b. DATE SIGNED 20 Apr 55		23c. ATTENDANT'S ADDRESS Weiser, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Walter Thomas		23e. TITLE Register	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 4-19-55	25c. NAME OF CEMETERY OR CREMATORY Northam-Jones	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 4-19-55		26. FUNERAL DIRECTOR Walter Thomas	
REGISTRAR'S SIGNATURE Walter Thomas		ADDRESS Weiser, Idaho	



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEMAY 27 1955
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

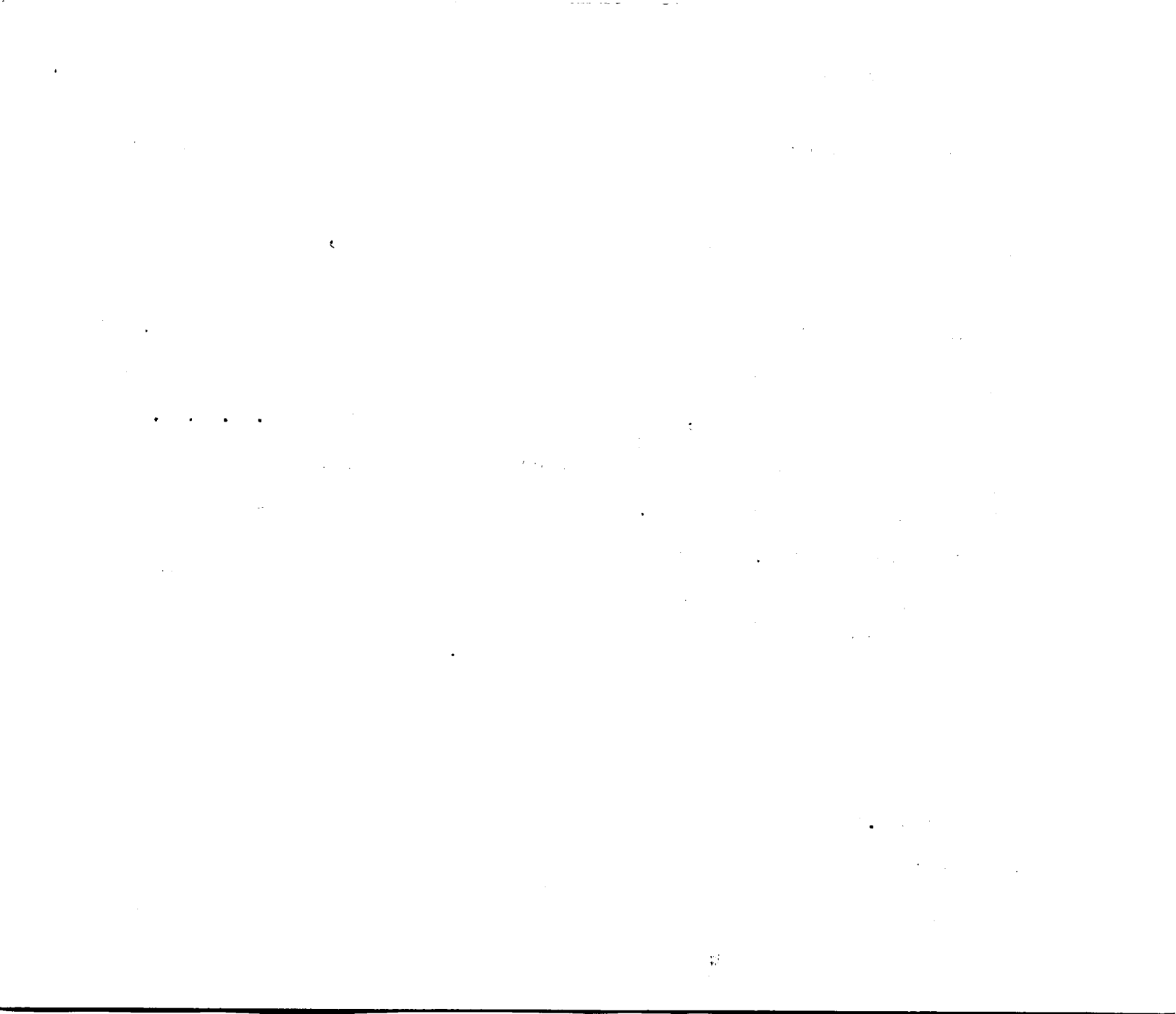
State of Idaho

State File No. 118

Local Reg. No. 511

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #2, North	
3. CHILD'S NAME (Type or Print) HERBERT RAY HATTEN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 27, 1955
7. FATHER'S NAME a. (First) Herbert b. (Middle) Oliver c. (Last) Hatten		8. COLOR OR RACE White	
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Machinist	11b. KIND OF BUSINESS OR INDUSTRY U. P. R. R.
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Rebecca c. (Last) Whitaker		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Jacksonville, Florida	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? Five c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mary Rebecca Hatten, Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 8 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Two simple knots tied on cord - one too tight to unfasten strangulated circulation		
20b. MATERNAL CAUSES Diabetic - Baby dead about 3 days			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Shoulders stuck - mother exhausted		22. STATE ALL OPERATIONS FOR DELIVERY manual delivery shoulders	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:10 P.m.	23a. ATTENDANT'S SIGNATURE J. C. Ray M.D.		23b. DATE SIGNED 5-2-1955
	23c. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL Conway
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-30-55	25c. NAME OF CEMETERY OR CREMATORY MT View	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. 5-23-55	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Conway	



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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No. 53

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Butte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moore</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>SHAWNA BURCH</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 7, 1955</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) c. (Last) <u>Burch</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>Not given</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Unknown</u>	11a. USUAL OCCUPATION <u>Unknown</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) c. (Last) <u>Watterlyn</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Unknown</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mildred Burch - Mother</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis foetalis</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Garth R. Carey M.D.</u> 23b. DATE SIGNED <u>4/7/55</u>	
23. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Betty J. Marnel</u> TITLE <u>F.D. 19</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 9, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lost River Cem</u>	25d. LOCATION (City, town, or county) (State) <u>Moore - Idaho.</u>
DATE REC'D BY LOCAL REG. <u>April 7-1955</u>	REGISTRAR'S SIGNATURE <u>Anna Bidger</u>	26. FUNERAL DIRECTOR ADDRESS <u>Betty J. Marnel</u> <u>Idaho</u>	

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PHS-797 (VS)
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics
State of Idaho

State File No. 915
Local Reg. No. 92
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>315- Gladstone</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Olsen</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 29-1955</u>
7. FATHER'S NAME a. (First) <u>Dan</u> b. (Middle) <u>Reed</u> c. (Last) <u>Olsen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hyrum - Utah</u>	11a. USUAL OCCUPATION <u>Teller - Bank</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Darcus</u> b. (Middle) _____ c. (Last) <u>Hatch</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Core - Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Dan R. Olsen</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No _____ Approximate date <u>Dec 54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord death, around neck + extremities of</u> <u>none</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. J. Hubbard MD</u>	
		23b. DATE SIGNED <u>3 May 55</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician) <u>FILE</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>30 April 55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 31-1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>Do A. Williams Idaho Falls</u>	

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CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 006

Local Reg. No. 106

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 199 Elva	
3. CHILD'S NAME (Type or Print) Susan Diane Hammon			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 16, 1955
7. FATHER'S NAME a. (First) D b. (Middle) Blaine c. (Last) Hammon		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY Coal & Wheat
12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) Jean c. (Last) Morrow		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Blaine Hammon			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown. Died 3 days prior to delivery	
		20b. MATERNAL CAUSES Placental infarct. Toxicemia of pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. D. Dan	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS	
		If NOT attended by physician	
		24. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood	
		TITLE Idaho Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/17/55	25c. NAME OF CEMETERY OR CREMATORY Iona Cemetery	25d. LOCATION (City, town, or county) (State) Iona, Idaho
DATE REC'D BY LOCAL REG. June 15-1955	REGISTRAR'S SIGNATURE Anna Budger	26. FUNERAL DIRECTOR'S ADDRESS Jack A. Wood Idaho Falls, Idaho	

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JUN 13 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 255

Local Reg. No. 7

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY CANYON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR NAMPA TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural--Caldwell TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR MERCY HOSPITAL INSTITUTION		d. STREET ADDRESS (If rural, give location) Route 4	
3. CHILD'S NAME (Type or Print) Infant Daughter Swan			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 26, 1955.
7. FATHER'S NAME a. (First) Paul		b. (Middle)	c. (Last) Swan
		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Elwood, Nebraska.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Elizabeth		b. (Middle)	c. (Last) Baer
		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Battleground, Wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Paul Swan			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Death in uterus - 1 wk(?) cord around neck		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Bleeding from early 3rd trimester		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other)	23b. DATE SIGNED 6/5/55
23c. ATTENDANT'S ADDRESS Nampa, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 5/31/55	25c. NAME OF CEMETERY OR CREMATORY At Alsip Chapel	25d. LOCATION (City, town, or county) (State) Nampa, Idaho.
DATE REC'D BY LOCAL REG June 9, 1955	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR Alsip Funeral Chapel ADDRESS Nampa, Idaho.	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAY 20 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graineville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graineville</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>402 Court</u>	
3. CHILD'S NAME (Type or Print) <u>DEBRA LEE DYSON</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 9 1955</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>.</u> c. (Last) <u>Dyson</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missoula Montana</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>into a hardware</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Karen</u> b. (Middle) <u>Lice</u> c. (Last) <u>Rice</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bottomwood</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Jack W. Dyson</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangled Umbilical Cord</u> 20b. MATERNAL CAUSES <u>NONE</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Uterine Inertia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forceps, L.M.H. Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>William H. Lone M.D.</u>		23b. DATE SIGNED <u>12 May 55</u>
	23c. ATTENDANT'S ADDRESS <u>Graineville, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert R. Hansen</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 12, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Praterview</u>	25d. LOCATION (City, town, or county) (State) <u>Graineville Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Emma Cone</u>		25. FUNERAL DIRECTOR <u>Robert R. Hansen</u> <u>Graineville</u>

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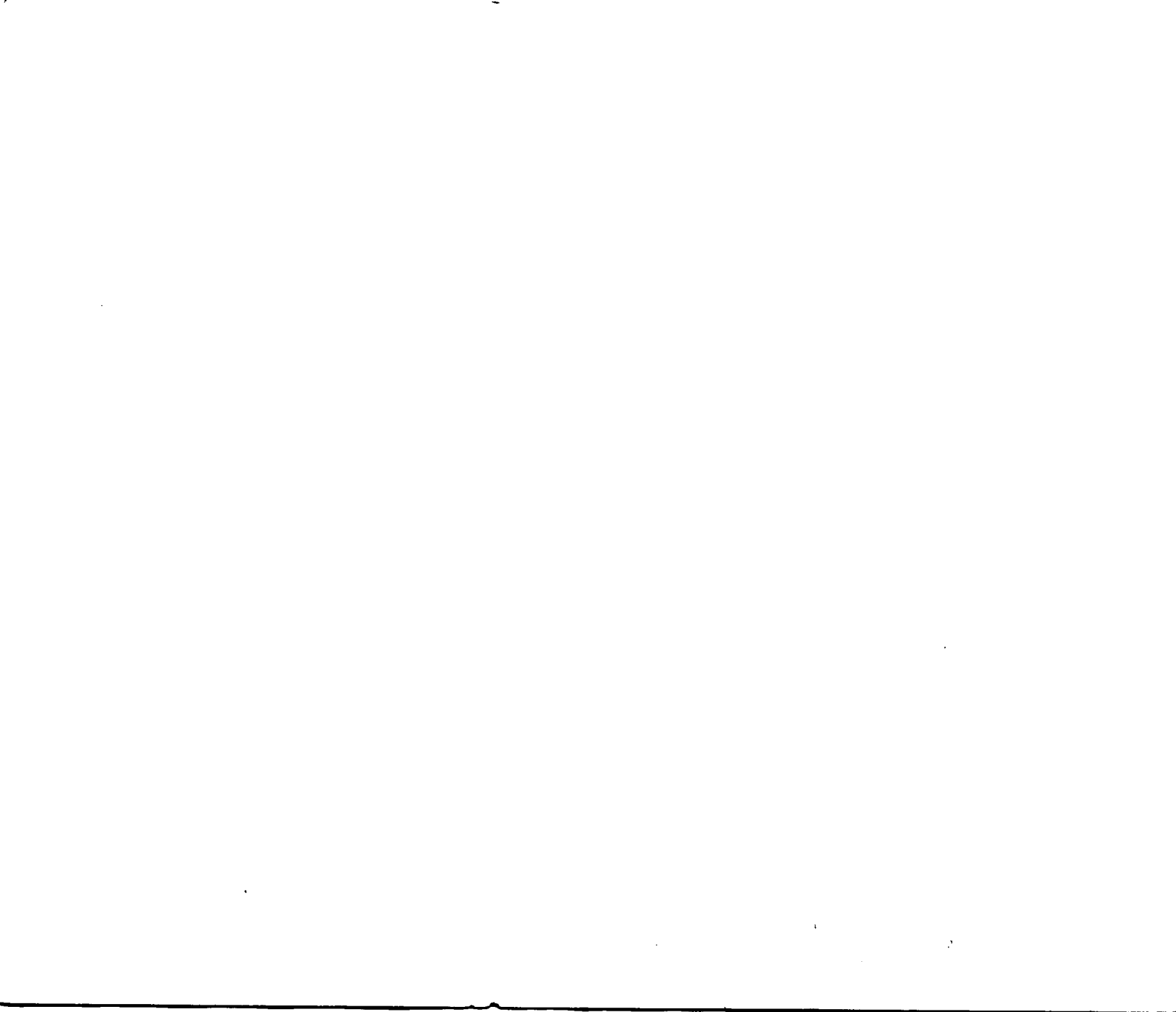
MAY 31

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 800
Local Reg. No. 18
Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Grant</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rigby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moses Lake</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rigby Maternity Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. #1</u>	
3. CHILD'S NAME (Type or Print) <u>BABY COOK</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 2, 1955</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Phineas</u> c. (Last) <u>Cook</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Lou</u> c. (Last) <u>Cramer</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Wm P. Cook</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Choked Cord -</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Edson Tall M.D.</u>	
23b. DATE SIGNED <u>5/5/55</u>		23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Russell A. Eckhardt</u>		TITLE <u>Rigby, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5/3/1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ucon Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Ucon Bonneville Idaho.</u>
DATE REC'D BY LOCAL REG. <u>5/5/55</u>	REGISTRAR'S SIGNATURE <u>Mr. A. B. Coker</u>	26. FUNERAL DIRECTOR ADDRESS <u>Russell A. Eckhardt Rigby, Idaho.</u>	



MAY 23

CERTIFICATE OF STILLBIRTH

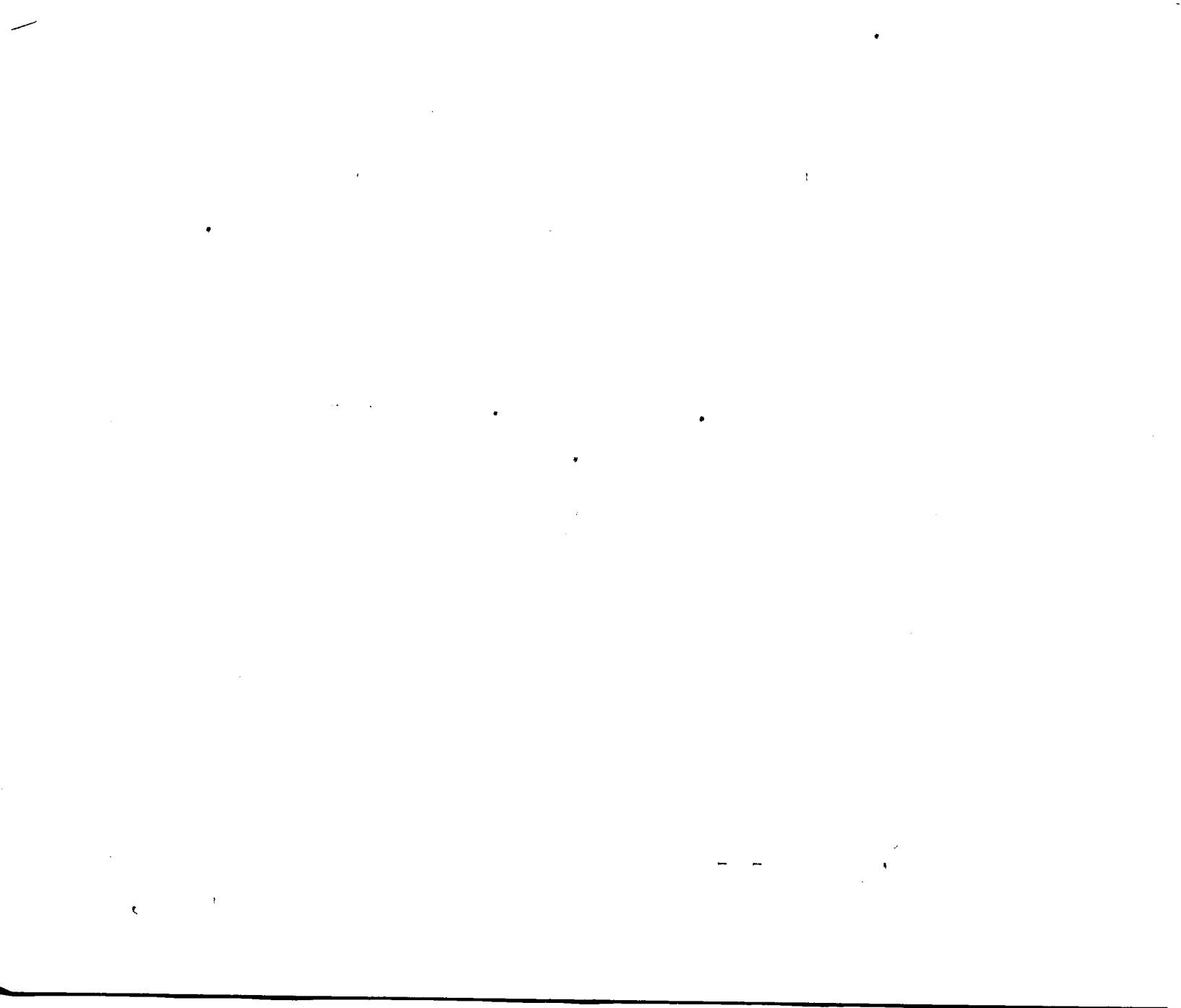
Division of Vital Statistics State of Idaho

State File No. 000

Local Reg. No. 4

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 1101 1/2 Lakeside Ave.	
3. CHILD'S NAME (Type or Print) Infant Girl Swanson			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 8 1955
7. FATHER'S NAME a. (First) Raymond b. (Middle) E c. (Last) Swanson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Calif.	11a. USUAL OCCUPATION App. Cabinet Maker	11b. KIND OF BUSINESS OR INDUSTRY Cabinet Shop
12. MOTHER'S MAIDEN NAME a. (First) Margie b. (Middle) L. c. (Last) Olson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Raymond E. Swanson			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH LBS. — OZS. —	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 27, 1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:15 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. A. Novak, M.D.	
23b. DATE SIGNED May 11, 1955		23c. ATTENDANT'S ADDRESS 609 Sherman Ave	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Don English	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Cremation		25b. DATE 5-10-55	
25c. NAME OF CEMETERY OR CREMATORY Hazen Jaeger Funeral Home		25d. LOCATION (City, town, or county) (State) Spokane Washington	
DATE REC'D BY LOCAL REG. 5-12-55		26. FUNERAL DIRECTOR ADDRESS Lorraine K. Brush Coeur d' Alene, Idaho	



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(1949 Revision of Standard Certificate)
JUN 20 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.
Local Reg. No. 47
Reg. Dist. No. 202

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u> d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME ((Type or Print)) <u>Paul David Rauch</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 23 1955</u>		
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) c. (Last) <u>Rauch</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Moscow, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Ilene</u> b. (Middle) c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Troy, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Donald Rauch</u>					
18a. LENGTH OF PREGNANCY <u>29</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>3-24-55</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None known</u>			
		20b. MATERNAL CAUSES <u>Spontaneous loss membrane fluid & partial necrosis of placenta</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Spontaneous loss membrane fluid & partial necrosis of placenta</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:30 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. M. H. H. H.</u>		23b. DATE SIGNED <u>5-27-55</u>	
		23c. ATTENDANT'S ADDRESS <u>Troy Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>David R. Tate</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>5-24-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>		
DATE REC'D BY LOCAL REG. <u>6/10/55</u>	REGISTRAR'S SIGNATURE <u>Gavin E. Angel</u>		26. FUNERAL DIRECTOR ADDRESS <u>David R. Tate Moscow, Idaho</u>		

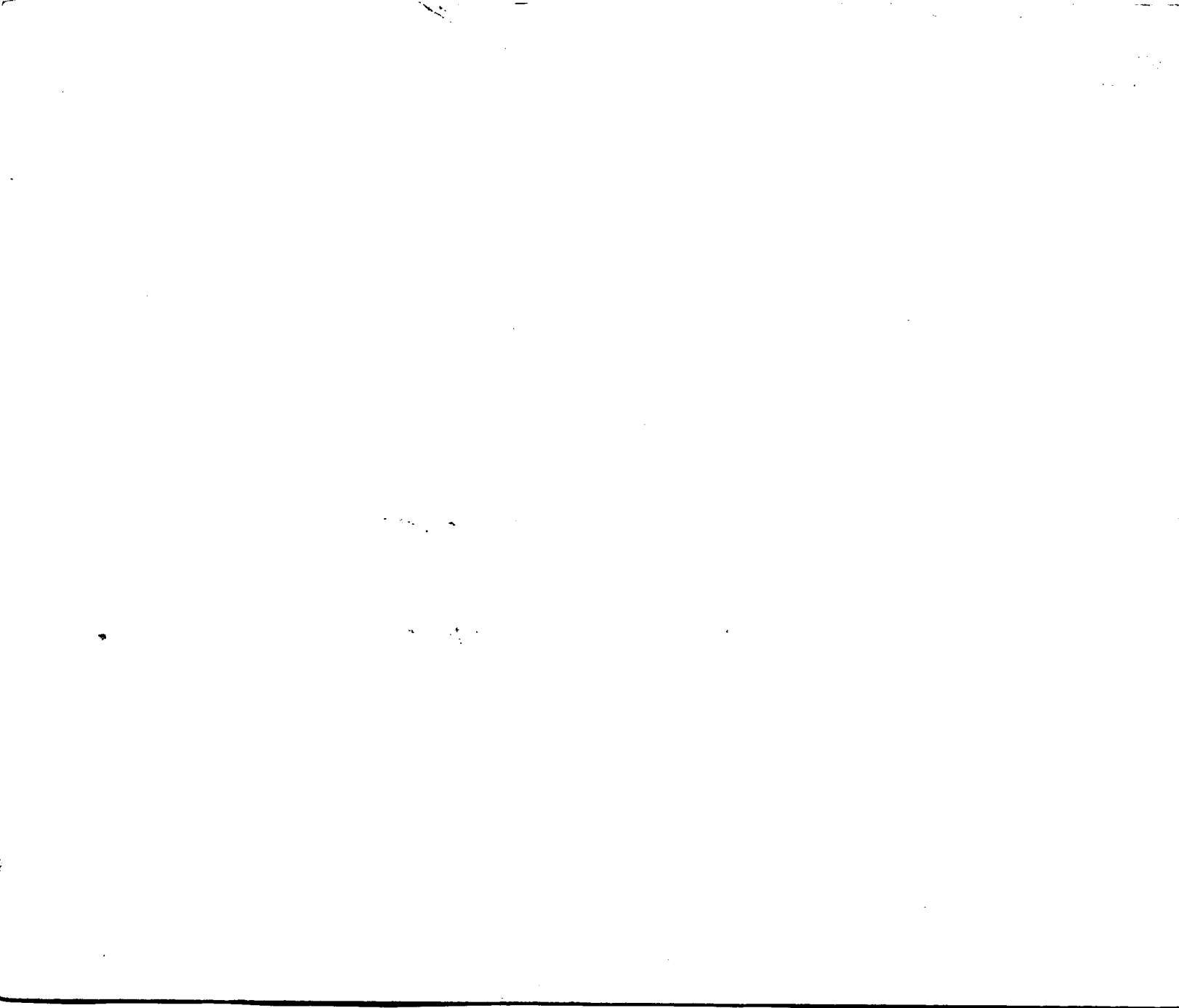
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 888
Local Reg. No. 142
Reg. Dist. No. 430

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rupert General</u>				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u> d. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. CHILD'S NAME (Type or Print) <u>James Nephi Hansen (Baby)</u>							
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>			6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 10 1955</u>		
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Nephi</u> c. (Last) <u>Hansen</u>		8. COLOR OR RACE <u>white</u>					
9. AGE (At time of this birth) <u>32</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Acquia Idaho</u>		11a. USUAL OCCUPATION <u>Tanner</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Darlene</u> c. (Last) <u>Wolford</u>		13. COLOR OR RACE <u>white</u>					
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Sayfield Utah</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>James Nephi Hansen</u>							
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS		18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>2</u> OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)				20a. FETAL CAUSES <u>Malformation of fetus. Absence of developed lungs. Heart for abdomen. Liver markedly enlarged</u>			
				20b. MATERNAL CAUSES <u>none known</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR				22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.				23a. ATTENDANT'S SIGNATURE <u>A. S. Waller M.D.</u>		23b. DATE SIGNED <u>5-24-55</u>	
				23c. ATTENDANT'S ADDRESS <u>Rupert, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>M. A.</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>5-11-55</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>	
DATE REC'D BY LOCAL REG. <u>5-24-1955</u>		REGISTRAR'S SIGNATURE <u>E. H. Elmore</u>		26. FUNERAL DIRECTOR ADDRESS <u>Rodney S. Goodman Rupert Idaho</u>			



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(1945 Revision of Standard Certificate)

JUN 6 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 79Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mullan, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 163</u>	
3. CHILD'S NAME (Type or Print) <u>Paul Douglas Williamsow</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 23 - 1955</u>
7. FATHER'S NAME a. (First) <u>Jon</u> b. (Middle) <u>Richard</u> c. (Last) <u>Williamson</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>24</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Russellville Ark</u>	
11a. USUAL OCCUPATION <u>Op Spec.</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Aviation</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Elizabeth</u> b. (Middle) <u>Ida</u> c. (Last) <u>James</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>21</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>San Francisco Calif</u>	
17. INFORMANT <u>Paul Williamson (Father)</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>12-31-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Abruptio placenta.</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>P. E. Snideringer</u>	
23b. DATE SIGNED <u>5-23-55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. H. Dale</u>	
23c. ATTENDANT'S ADDRESS <u>Mullan, Idaho</u>		TITLE <u>Physician</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>May 24 - 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>United</u>	25d. LOCATION (City, town, or county) (State) <u>Wallace Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 25 - 1955</u>	REGISTRAR'S SIGNATURE <u>Paul J. Cornell</u>	26. FEDERAL DIRECTOR'S ADDRESS <u>Dale & Cornell Mullan, Idaho</u>	

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MAY 24 1955

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

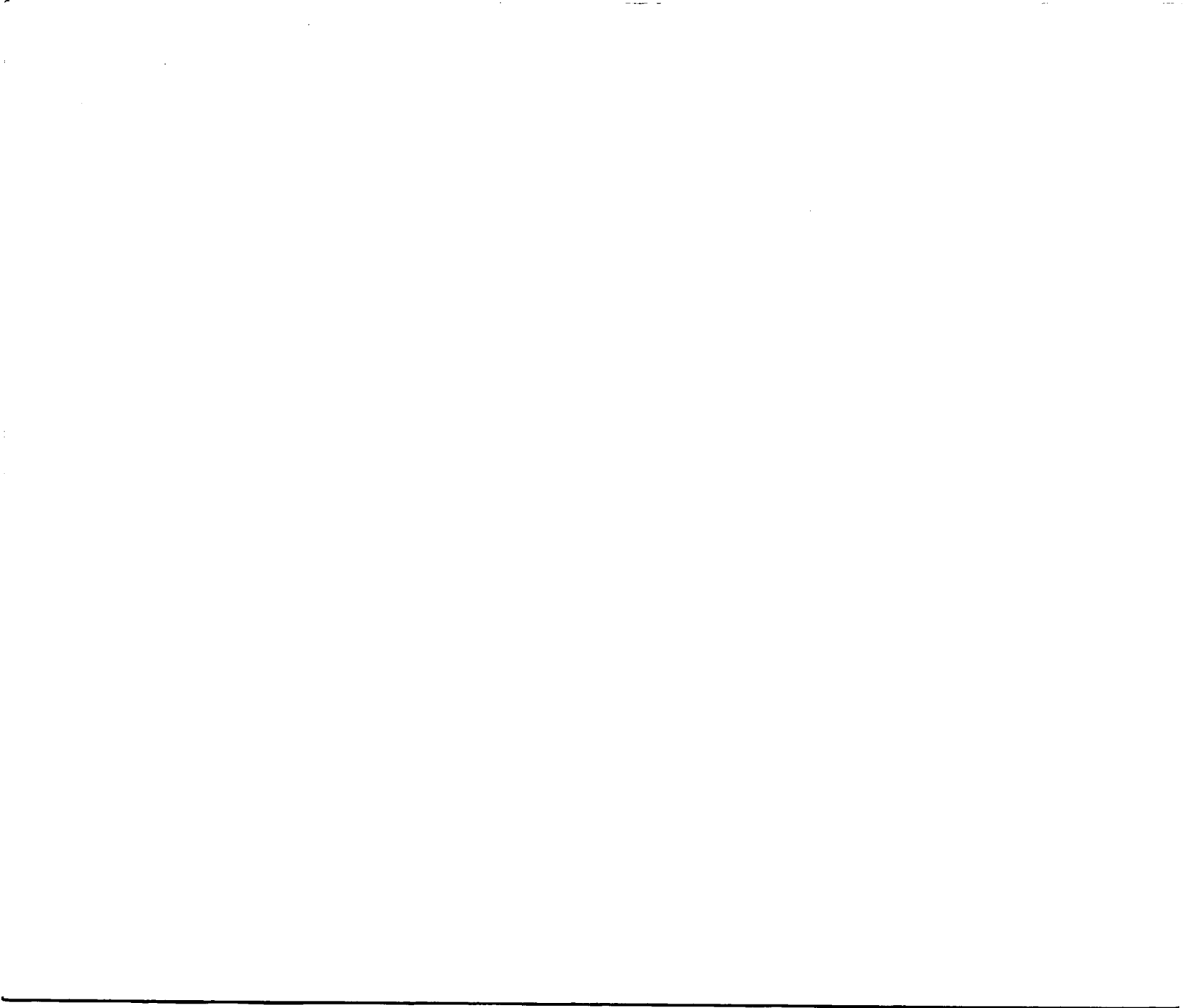
State of Idaho

State File No.

Local Reg. No. 37

Reg. Dist. No. 620

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Ashton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 16 '55</u>
7. FATHER'S NAME a. (First) <u>Cullum</u> b. (Middle) <u>Markley</u> c. (Last) <u>Case</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Plainville, Kansas</u>	11a. USUAL OCCUPATION <u>Janitor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Elementary School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Donna</u> b. (Middle) <u>Viola</u> c. (Last) <u>Payne</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Squirrel, Iowa</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>3</u>	
17. INFORMANT <u>Donna Case</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH - LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>La Grande C. Tanner, M.D.</u>	
		23b. DATE SIGNED <u>5-18-55</u>	
23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>May 21-55</u>		26. FUNERAL DIRECTOR ADDRESS <u>Stella Euzip</u>	



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4-48

FEDERAL SECURITY AGENCY,
PUBLIC HEALTH SERVICE

JUN 17 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

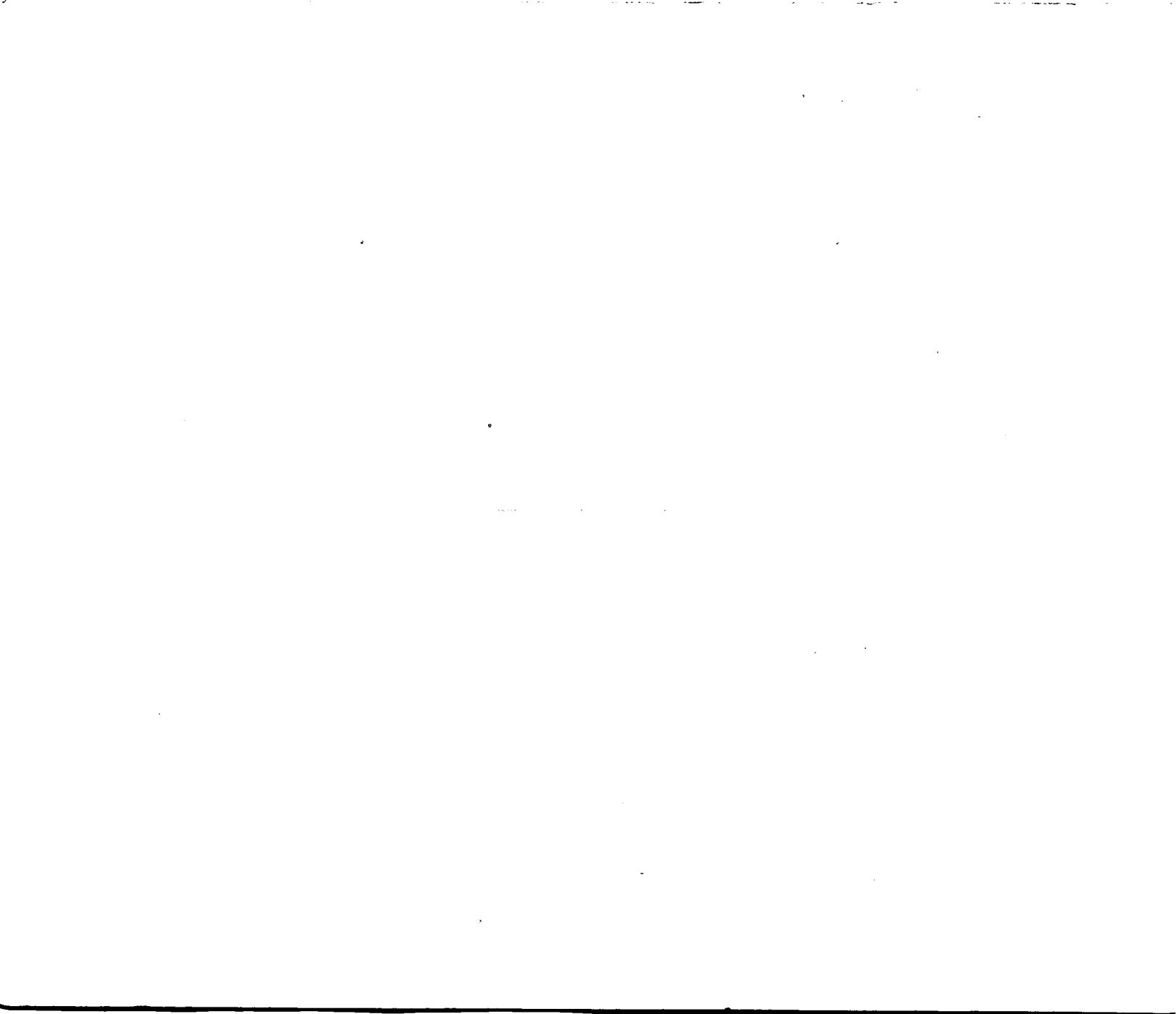
State File No.

095

Local Reg. No. 167

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY ADA		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUNTAIN HOME	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 110 SO. 3rd EAST	
3. CHILD'S NAME (Type or Print) Infant girl Gerrard			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JUNE 7 1955
7. FATHER'S NAME a. (First) BLAIN b. (Middle) H. c. (Last) GERRARD		8. COLOR OR RACE W	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) IDAHO	11a. USUAL OCCUPATION Civilian Const.	11b. KIND OF BUSINESS OR INDUSTRY Mtn. Home Air Force Base Construction
12. MOTHER'S MAIDEN NAME a. (First) VIVIAN b. (Middle) LEONA c. (Last) JONES		13. COLOR OR RACE W	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) IOWA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 5	
17. INFORMANT FATHER			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Diabetes Mellitus.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal Death at 7 1/2 mo.		22. STATE ALL OPERATIONS FOR DELIVERY None: Normal Breech Extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Robert W. Brooks, M.D.	23b. DATE SIGNED 6-9-55
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Don Maxon, Asst Administrator	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) cremation	25b. DATE 6-8-55	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 6-10-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS St. Luke's Hospital, by	



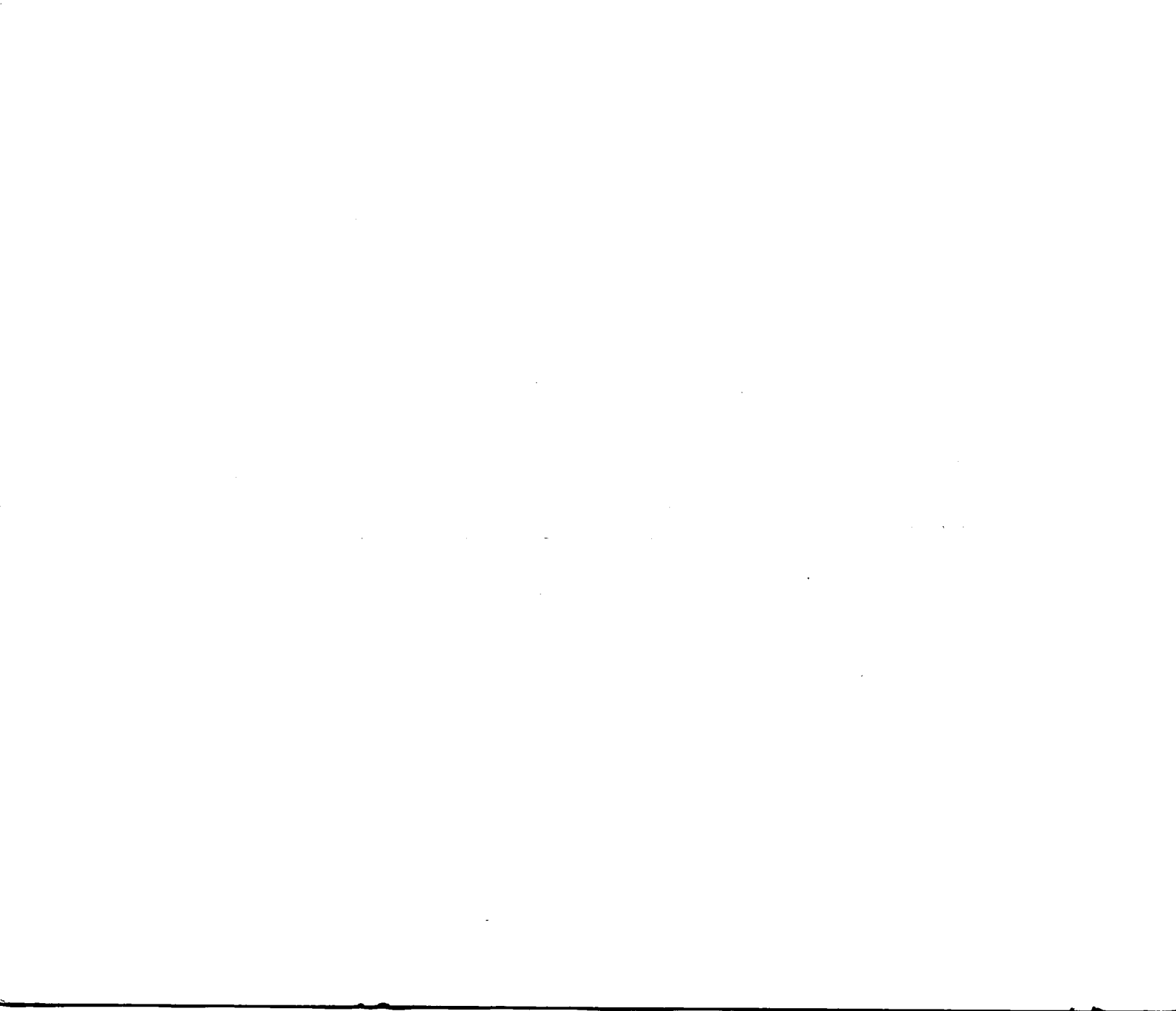
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JUL 1 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 096
Local Reg. No. 187
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nevada</u> b. COUNTY <u>Humboldt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winnemucca</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1025 1/2 Bridge</u>	
3. CHILD'S NAME (Type or Print) <u>Infant boy Galli</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6/ 21/ 55</u>
7. FATHER'S NAME a. (First) <u>Peter</u> b. (Middle) <u>E.</u> c. (Last) <u>Galli, Jr.</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Elko, Nevada</u>	11a. USUAL OCCUPATION <u>Geol. Engr. (shifter)</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Riley Mine, Winnemucca Nev.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Bastian</u> c. (Last) <u>Galli</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pleasant Grove, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Peter E. Galli, Jr. (Father)</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April 13, 1955.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity, Possible Cord Strangulation, Macerated fetus</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pregnancy complicated by paralysis from pharyngitis</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breast extraction.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James C. F. Chapman, M.D.</u> 23b. DATE SIGNED <u>June 25, 1955.</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Iva Maxon Asst Administrator</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	25b. DATE <u>6-22-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-27-55</u>	REGISTRAR'S SIGNATURE <u>Meytle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>St. Luke's Hospital</u>	



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4-58

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUN 27 1955 19 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 097

Local Reg. No. 175

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Pocatello	b. COUNTY	Bingham
c. FULL NAME OF HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township)	Blackfoot
		d. STREET ADDRESS (If rural, give location)	Box 933
3. CHILD'S NAME (Type or Print)			
ELAINE PAHNEENO			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5 12 55
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First)	Earl	b. (Middle)	Horace
c. (Last)	Pahneeno	Indian	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Ft. Hall, Idaho	Unemployed	
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First)	Ruby	b. (Middle)	Coopooie
c. (Last)		Indian	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
28 YEARS	Ft. Hall, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?
		4	0
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
Ruby Pahneeno Mother		1	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No.....	
26 WEEKS	2 LBS. 0 OZS.	Approximate date	
CAUSE OF STILLBIRTH		20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES	
		Partial separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:36 A m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	
		Forrest Howard M.D.	
23b. ATTENDANT'S ADDRESS		23b. DATE SIGNED	
Pocatello, Idaho		7 June 55	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
Eva M. Wallin		Manning Funeral Home	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Unknown	Unknown	Fort Hall Cemetery	Fort Hall Idaho
DATE REC'D BY LOCAL REG.	26. FUNERAL DIRECTOR	ADDRESS	
6-23-55	Manning Funeral Home	Pocatello, Idaho	

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JUL 5 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 098

Local Reg. No. 148

Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1935 So. 5th	
3. CHILD'S NAME (Type or Print) INFANT GIRL MILLS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 12, 1955
7. FATHER'S NAME a. (First) Orlo b. (Middle) Travis c. (Last) Mills		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Hardington, Nebraska	11a. USUAL OCCUPATION Manager	11b. KIND OF BUSINESS OR INDUSTRY Union Oil Service Station
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Alene c. (Last) Baker		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Betty Alene Mills, Mother			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH Not lbs. done	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Fetal hydrops, erythroblastosis.	
		20b. MATERNAL CAUSES Rh negative.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Placenta previa		22. STATE ALL OPERATIONS FOR DELIVERY Cesarian section.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:04 P.m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. Keane		23b. DATE SIGNED 25 May 1955
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Mary Van Valkenburg R.N., B.S.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6-13-55	25c. NAME OF CEMETERY OR CREMATORY Bannock Memorial Hospital	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. 6-29-55	REGISTRAR'S SIGNATURE Eva M. Wallin		26. FUNERAL DIRECTOR ADDRESS Bannock Memorial Hosp.

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JUN 27 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 099

Local Reg. No. 573

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Wyoming</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montpelier Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thurman Wyoming</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Lake Memorial Hospital</u>		d. STREET ADDRESS <u>Star Route</u>	
3. CHILD'S NAME (Type or Print) <u>Baby (Debra Jean) Townsend</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 6 1955</u>
7. FATHER'S NAME a. (First) <u>Roy</u> b. (Middle) <u>Baxter</u> c. (Last) <u>Townsend</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Wyo</u>	
11a. USUAL OCCUPATION <u>Color</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Peter Kiewit</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Edna</u> b. (Middle) <u>Townse</u> c. (Last) <u>Bracken</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>18</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Billings Montana</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
a. How many children are now living? <u>None</u>		b. How many children were born alive but are now dead? <u>None</u>	
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>1 Mrs L. B. Brackin</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS		18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>8</u> OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 31 1955</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Bleeding per vaginam</u>	
		20b. MATERNAL CAUSES <u>Small pelvis - baby dead before delivery attempted</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			
22. STATE ALL OPERATIONS FOR DELIVERY <u>External version to my Manual delivery</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:40 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>Edna Townsend</u>	
23b. ATTENDANT'S ADDRESS <u>Montpelier Idaho</u>		23c. IF NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>June 16 1955</u>		TITLE	
25a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>June 9 1955</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Montpelier Idaho</u>		25d. LOCATION (City, town, or county) (State) <u>Montpelier Idaho</u>	
DATE REC'D BY LOCAL REG. <u>6/20/55</u>		REGISTRAR'S SIGNATURE <u>N. N. King</u>	
26. FUNERAL DIRECTOR <u>W. L. Matthews</u>		ADDRESS <u>Montpelier Idaho</u>	

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JUN 27 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 100

Local Reg. No. 572

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY Bear Lake		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bear Lake	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dingle	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bear Lake Memorial Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby boy Peterson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6-8-55
7. FATHER'S NAME a. (First) Milford b. (Middle) Henry c. (Last) Peterson	8. COLOR OR RACE white		
9. AGE (At time of this birth) 48 YEARS	10. BIRTHPLACE (State or foreign country) Ovid, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) B. c. (Last) Bird	13. COLOR OR RACE White		
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Dingle, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mary C. Peterson - Mother			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) General was coils of cord around neck strangulation	20a. FETAL CAUSES none 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY normal delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Reed K. Smith (Specify if M. D., midwife, or other)	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL W. Matthews TITLE	
25a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial June 9 1955 Dingle Cemetery Dingle Idaho		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 6-22-55		25e. FUNERAL DIRECTOR ADDRESS W. Matthews Montpelier Idaho	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 19 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.

101

Local Reg. No.

128

Reg. Dist. No.

610

1. PLACE OF STILLBIRTH

a. COUNTY

Bonnevile

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sacred Heart Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bonnevile

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

d. STREET
ADDRESS

1333 Jefferson

3. CHILD'S NAME

((Type or Print))

Nancy Sylvia Archart

4. SEX

F

5a. THIS BIRTH

SINGLE

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TWIN

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TRIPLET

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1ST

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2ND

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3RD

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5b. IF TWIN OR TRIPLET (This child born)

6. DATE OF STILLBIRTH

(Month)

(Day)

(Year)

June 4, 1955

7. FATHER'S NAME

a. (First)

Levi

b. (Middle)

Sherman

c. (Last)

Archart

8. COLOR OR RACE

White

9. AGE (At time of this birth)

46

YEARS

10. BIRTHPLACE (State or foreign country)

Plano, Idaho

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Mary

b. (Middle)

c. (Last)

Gardner

13. COLOR OR RACE

white

14. AGE (At time of this birth)

43

YEARS

15. BIRTHPLACE (State or foreign country)

New York

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were still born (born dead after 20 weeks pregnancy)?

17. INFORMANT

Levi Sherman Archart

18a. LENGTH OF PREGNANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....

Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

not determined

20b. MATERNAL CAUSES

New Diabetes, and Myocarditis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

no sufficiency

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

G. Blain Elmerette MD

23b. DATE SIGNED

6-13-55

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

June 7, 1955

25c. NAME OF CEMETERY OR CREMATORY

New Cemetery

25d. LOCATION (City, town, or county)

New Idaho

(State)

DATE REC'D BY LOCAL REG

July 7-1955

REGISTRAR'S SIGNATURE

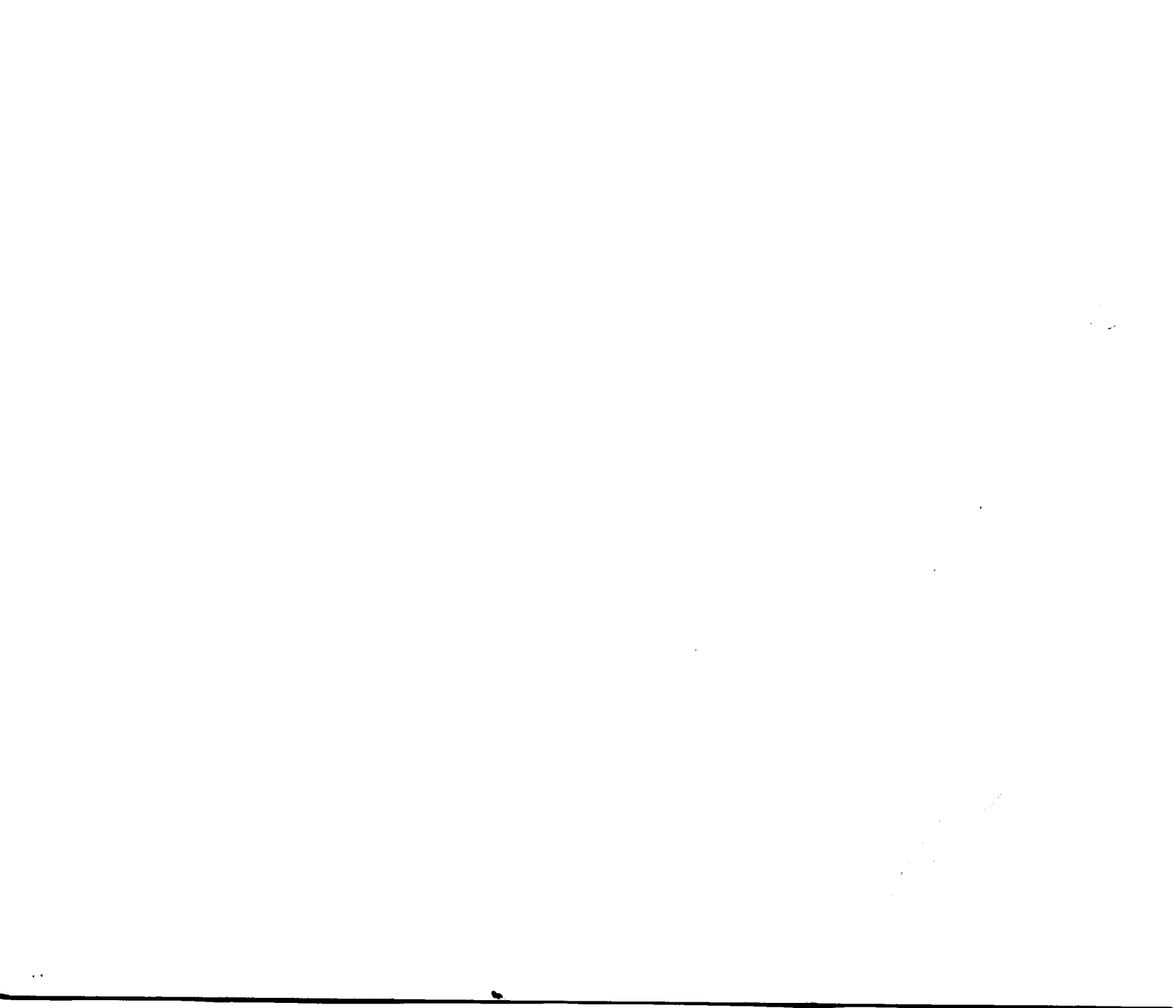
Anna Ridgway

26. FUNERAL DIRECTOR

Geo. A. Nielson

ADDRESS

Idaho Falls



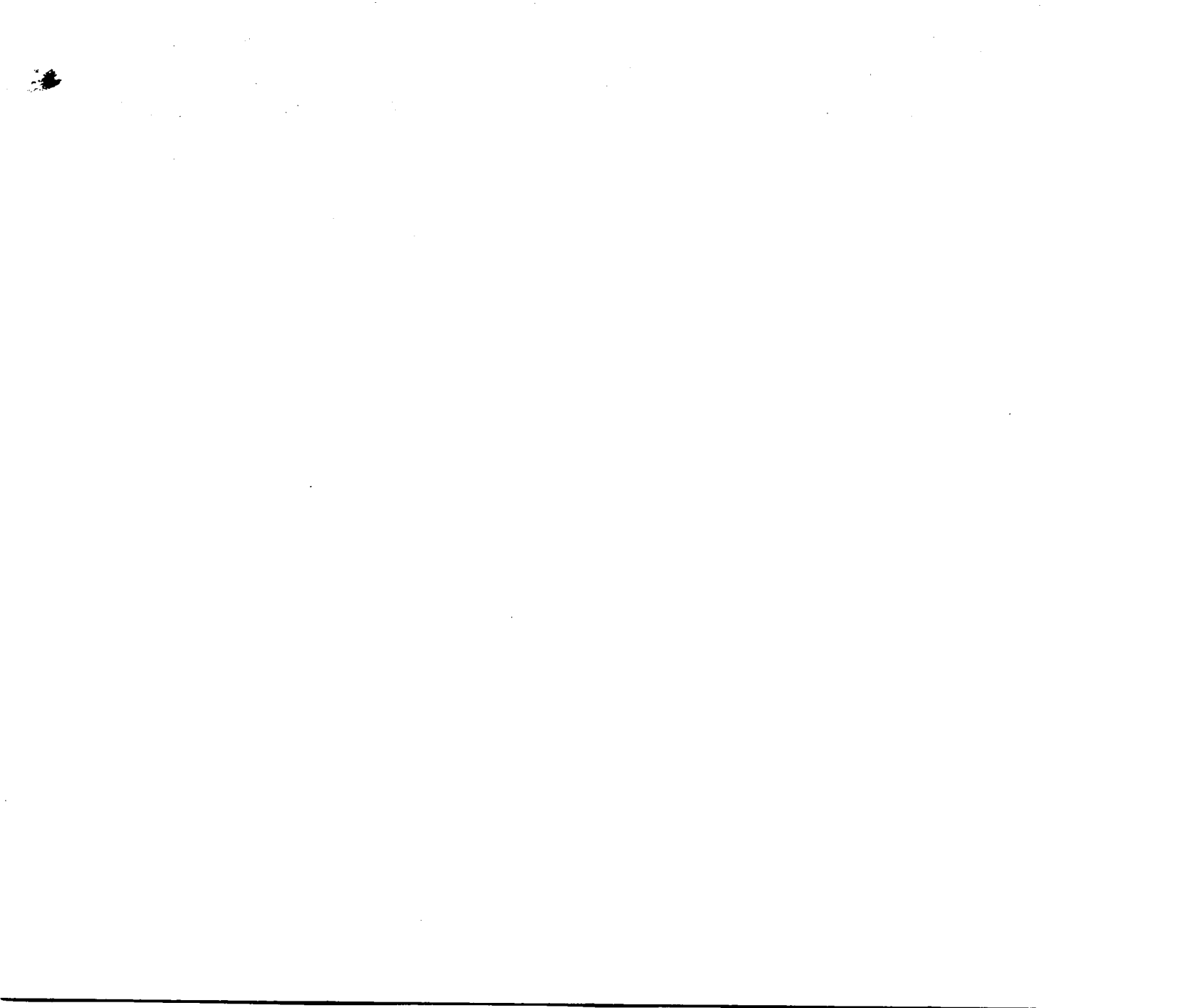
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JUL 19 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 102
Local Reg. No. 178
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1225 Sunset</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Reader</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 19 1955</u>
7. FATHER'S NAME a. (First) <u>Derwood</u> b. (Middle) <u>Reader</u> c. (Last) <u>W</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>29 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Logan, Utah</u>	11a. USUAL OCCUPATION <u>Floor covering contractor</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Theodora</u> b. (Middle) <u>Mrs</u> c. (Last) <u>W</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>25 YEARS</u>	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Derwood Reader father</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placental separation of placenta</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placental separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Ernie D. Bell</u> (Specify if M. D., midwife, or other) <u>MD</u>	23b. DATE SIGNED <u>6/22/55</u>
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____ If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>June 19 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Blackfoot</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6/19/55</u> <u>Anna Bridges</u>		26. FUNERAL DIRECTOR ADDRESS <u>Howard Packham Bldg., Idaho</u>	



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(1949 Revision of Standard Certificate)
JUL 5 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 103
Local Reg. No. 120
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Menan		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Susan Poole					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 26, 1955		
7. FATHER'S NAME a. (First) Kenneth		b. (Middle)		c. (Last) Poole	
8. COLOR OR RACE White					
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Mechanic		11b. KIND OF BUSINESS OR INDUSTRY Automobile	
12. MOTHER'S MAIDEN NAME a. (First) Verla		b. (Middle)		c. (Last) Lewis	
13. COLOR OR RACE White					
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT Kenneth Poole					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES Abruption placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Ralph M. Wood (Specify if M. D., midwife, or other)		23b. DATE SIGNED 7/1/55	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Ralph M. Wood TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/29/55	25c. NAME OF CEMETERY OR CREMATORY Cedar Butte Cemetery		25d. LOCATION (City, town, or county) (State) Jefferson County	
DATE REC'D BY LOCAL REG. June 29-1955		REGISTRAR'S SIGNATURE Anna Bridges		26. FUNERAL DIRECTOR'S ADDRESS Ralph M. Wood Idaho Falls, Idaho	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUN 30 1955

1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 417

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Cassia</u>		a. STATE <u>Idaho</u>	b. COUNTY <u>Mundwoc</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highway</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. CHILD'S NAME (Type or Print) <u>Willard Wright Baby</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 28 1955</u>
7. FATHER'S NAME a. (First) <u>Willard</u>	b. (Middle)	c. (Last) <u>Wright</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Brown Branch, Mo.</u>	11a. USUAL OCCUPATION <u>Farm Hand</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ethel</u>	b. (Middle)	c. (Last) <u>Adamson</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Brown Branch Mo</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <u>Willard Wright</u>		a. How many children are now living? <u>8</u>	b. How many children were born alive but are now dead? <u>2</u>
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS		18b. WEIGHT AT BIRTH <u>not determined</u> LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None evident at birth</u>	
		20b. MATERNAL CAUSES <u>None evident during pregnancy or at time delivery</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:10</u> p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. D. Fisher M.D.</u>	
23b. DATE SIGNED <u>June 24, 1955</u>		23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert B. Boardman</u>		TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 29 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>6-22-55</u>	REGISTRAR'S SIGNATURE <u>Eric Sam Keaven</u>	26. FUNERAL DIRECTOR <u>Robert B. Boardman</u>	
		ADDRESS <u>Rupert Idaho</u>	

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 14 1955 (1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

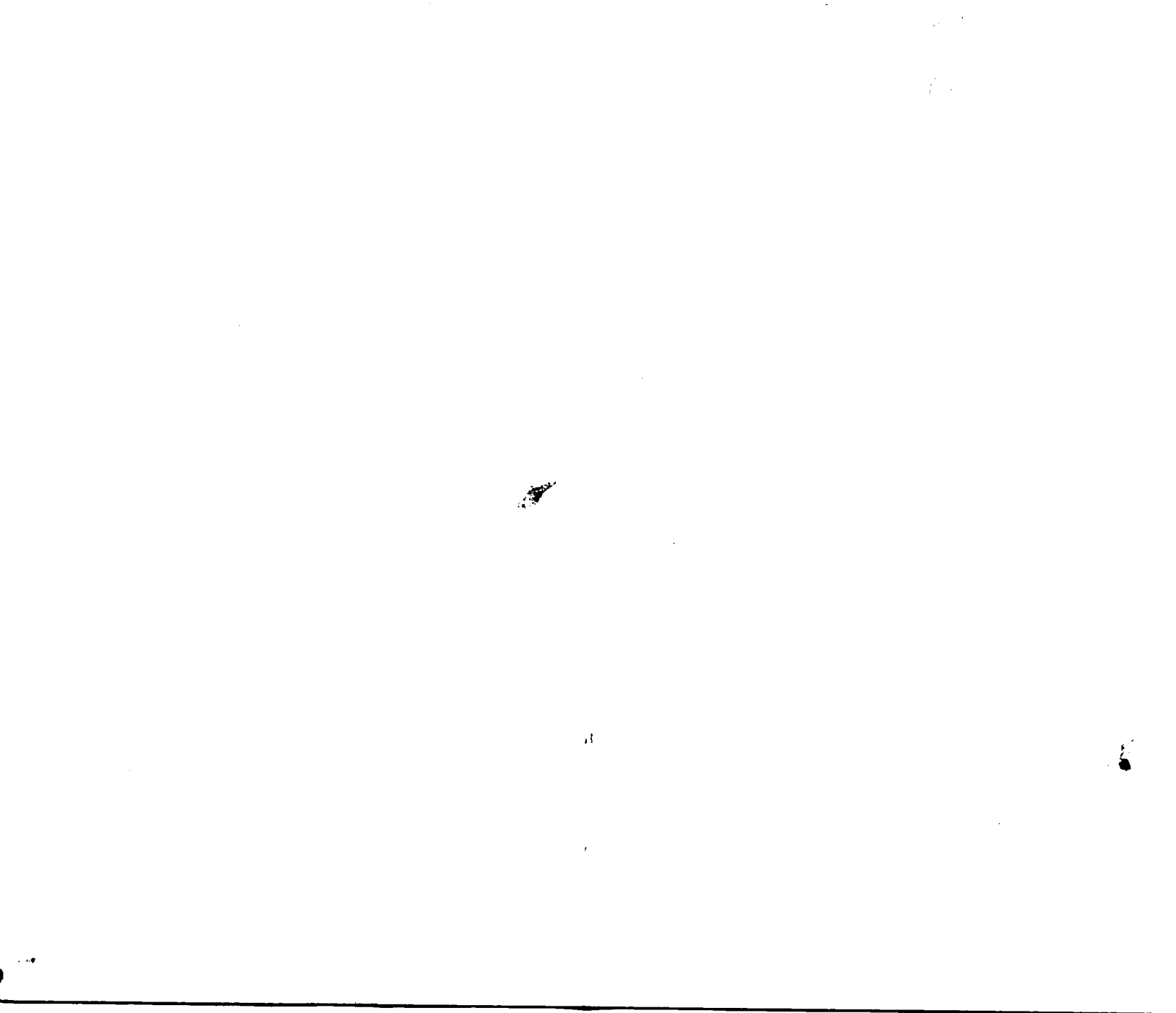
State of Idaho

State File No. 105

Local Reg. No. 346

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Potter</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 9 1955</u>
7. FATHER'S NAME a. (First) <u>Malvin</u> b. (Middle) <u>R.</u> c. (Last) <u>Potter</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>American Falls Id.</u>	11a. USUAL OCCUPATION <u>Powerhouse Oper.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) <u>Farnsworth</u> c. (Last) <u>Potter</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Melvin R. Potter</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>10</u> LBS. <u>7 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-8-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Post-Maturity</u>		20a. FETAL CAUSES <u>CEPHALO-PELVIC DISPROPORTION POLYHYDRAMNIOS</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>EXCESSIVE WEIGHT GAIN, POLYHYDRAMNIOS</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>MID-FOREBPS</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:35</u> P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Hanna E. Halverson M.D.</u>	
23b. DATE SIGNED <u>JUNE 21, 1955</u>		23c. ATTENDANT'S ADDRESS <u>EMMETT, IDAHO</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John W. Bratty</u>		TITLE <u>Chapel</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>June 10 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>June 21, 1955</u>		26. FUNERAL DIRECTOR <u>John W. Bratty</u>	



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JUL 13 1955

Division of Vital Statistics State of Idaho

State File No.

106

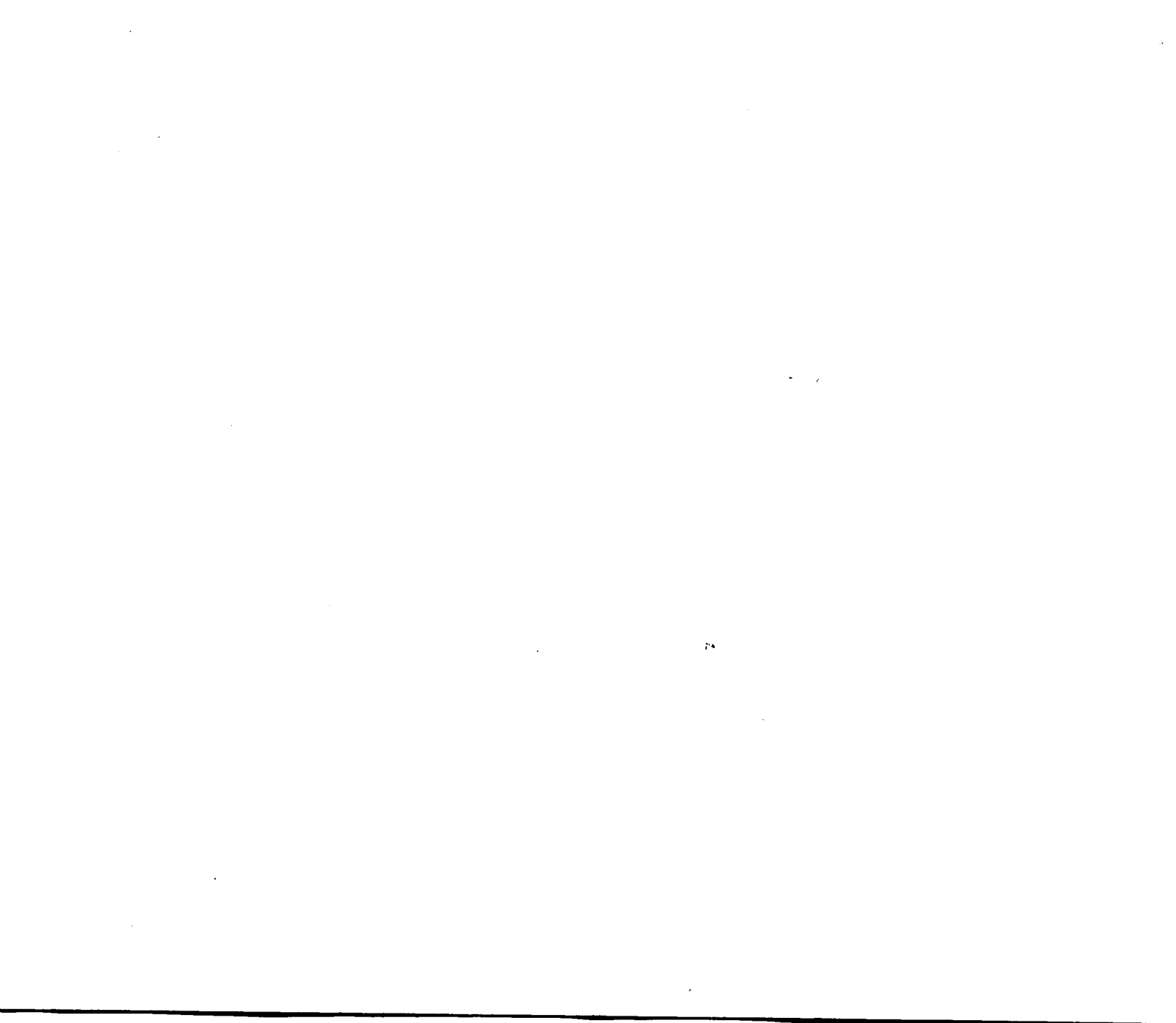
Local Reg. No.

24

Reg. Dist. No.

6-30

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Madison		a. STATE Idaho	b. COUNTY Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Parkinson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 18, 1955
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) H. Maughn Parkinson		b. (Middle) c. (Last) White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Valeria		b. (Middle) c. (Last) Evans White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Maled, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT		a. How many children are now living? 2	b. How many children were born alive but are now dead? 0
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 13 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec 1954	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Thrombosis umbilical vessels.		20b. MATERNAL CAUSES Infant dead app. 2-3 days	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED 6-24-55	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 6/18/55	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. 6/27/55	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR Burnett	ADDRESS Rexburg, Idaho



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JUN 22 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

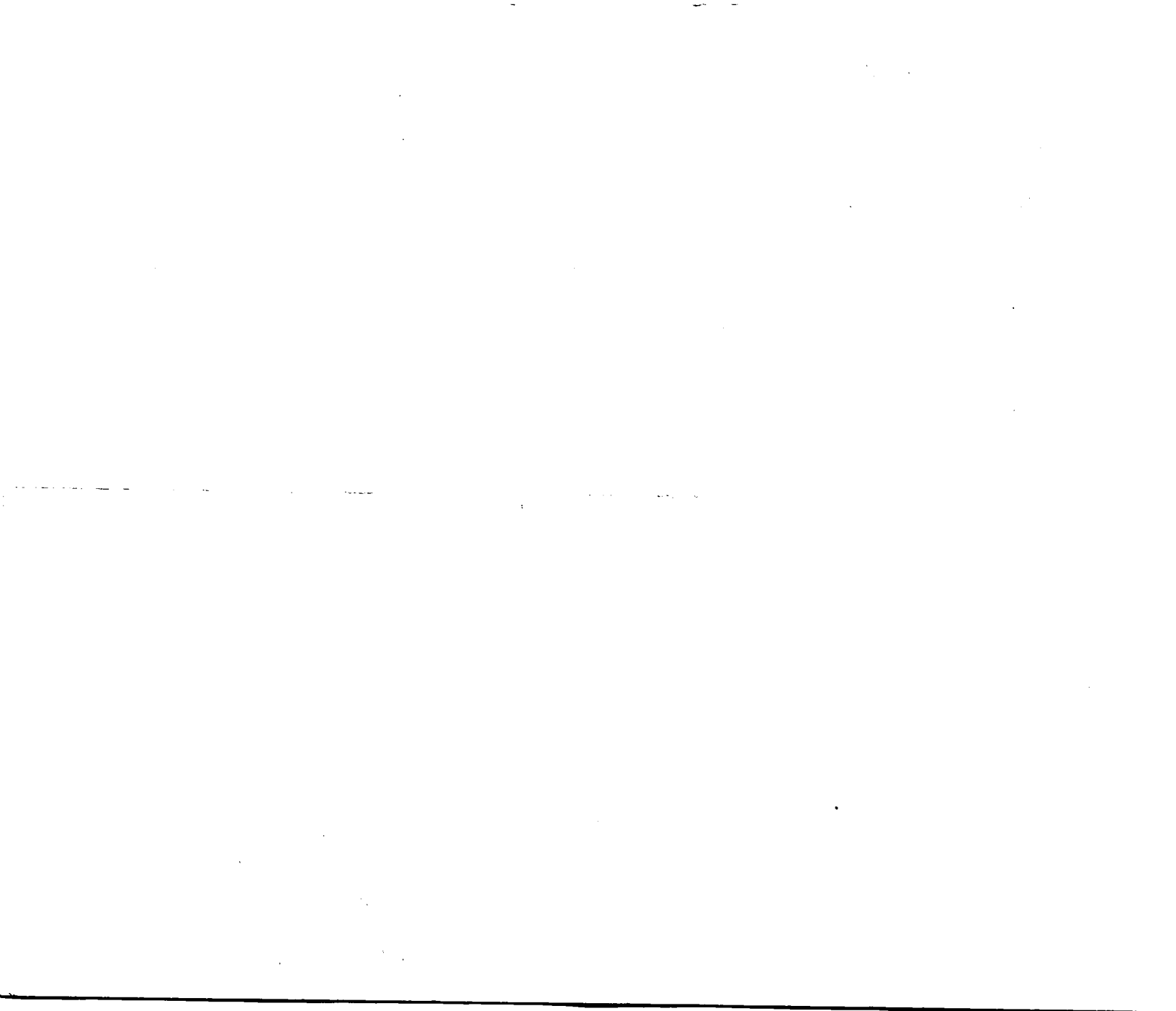
Division of Vital Statistics State of Idaho

State File No. 107

Local Reg. No. 126

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Idaho Nez Perce	a. STATE	Idaho b. COUNTY Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Lewiston	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Lapwai
c. FULL NAME OF HOSPITAL OR INSTITUTION	St Joseph Hospital	d. STREET ADDRESS (If rural, give location)	Rt. # 1
3. CHILD'S NAME (Type or Print) JONATHAN HERMAN REUBEN, Jr.			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	June 5, 1955
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	Indian
Jonathan		Herman Reuben	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Lapwai, Idaho	Laborer	Farming & Lumbering
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	Indian
Romona		Carolonia Penney	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
22 YEARS	Lapwai, Idaho	a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Herman Reuben			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Prolapsed Cord.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6-5-55 m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John E. Carsson M.D. 23c. ATTENDANT'S ADDRESS Lewiston	
23b. DATE SIGNED 6-16-55		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	6/7/55	Lapwai Tribal Cemetery	Lapwai, Nez Perce Co., Ida.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	
6-16-55	Nancy Richards	By - H.H. Malcom Idaho	



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JUL 7 1955
CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

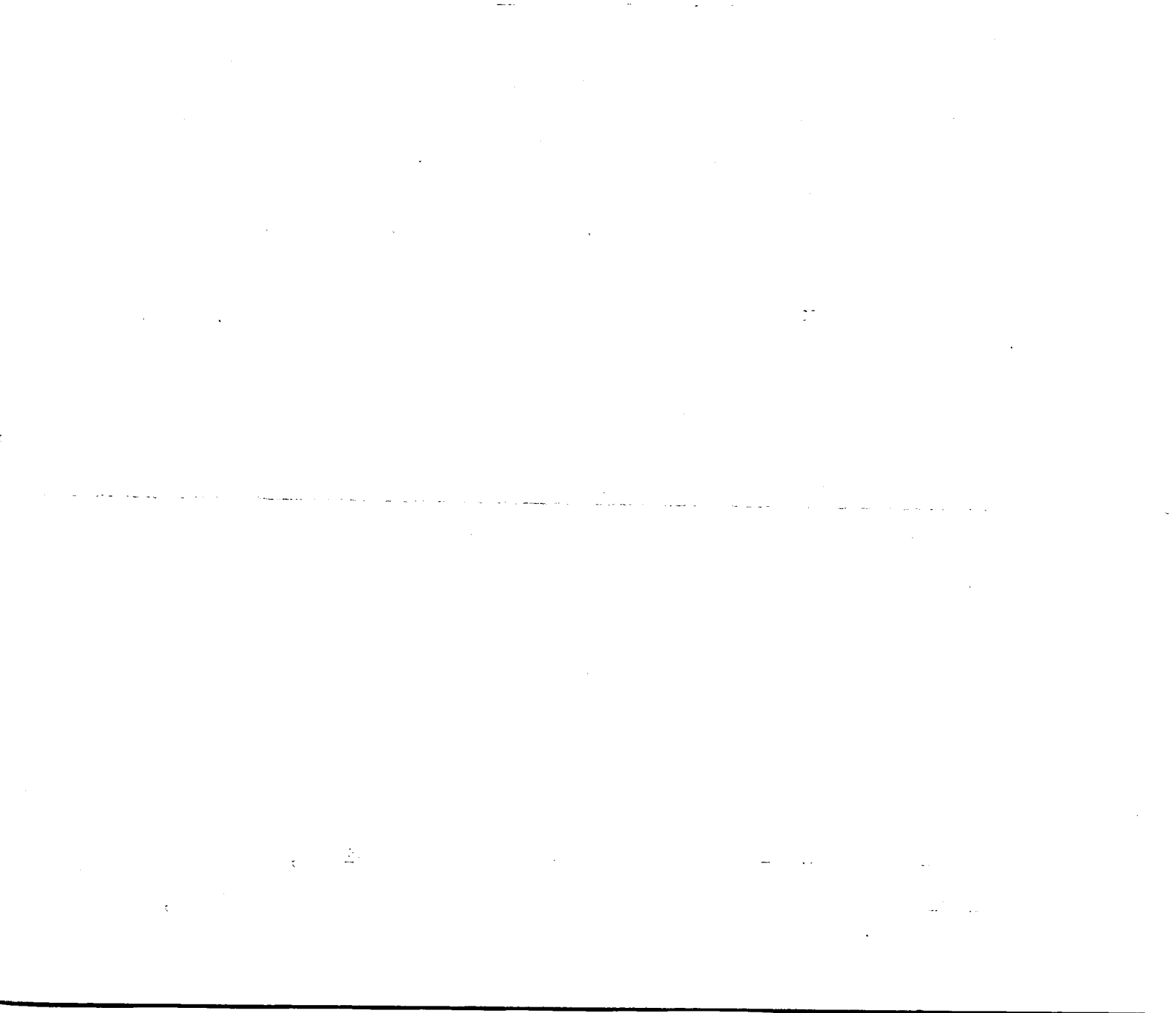
State of Idaho

State File No. 108

Local Reg. No. 35

Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial Hosp.		d. STREET ADDRESS (If rural, give location) W. 2nd. St.	
3. CHILD'S NAME (Type or Print) BABY GIRL SKOW			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 3, 1955
7. FATHER'S NAME a. (First) Kenneth b. (Middle) Fred c. (Last) Skow		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Weiser, Idaho	11a. USUAL OCCUPATION laborer	11b. KIND OF BUSINESS OR INDUSTRY OREGON-PORTLAND Cement Co
12. MOTHER'S MAIDEN NAME a. (First) Margie b. (Middle) H c. (Last) atch		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs. Kenneth Skow			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature Separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M, D, midwife, or other) M. Skow	
23b. DATE SIGNED 6-4-55		23c. ATTENDANT'S ADDRESS Weiser, Ida.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL R. Lee Thomson		TITLE Weiser, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6-15-55	25c. NAME OF CEMETERY OR CREMATORY Northam-Jones	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE Maria Haultorn	26. FUNERAL DIRECTOR ADDRESS R. Lee Thomson Weiser, Idaho	



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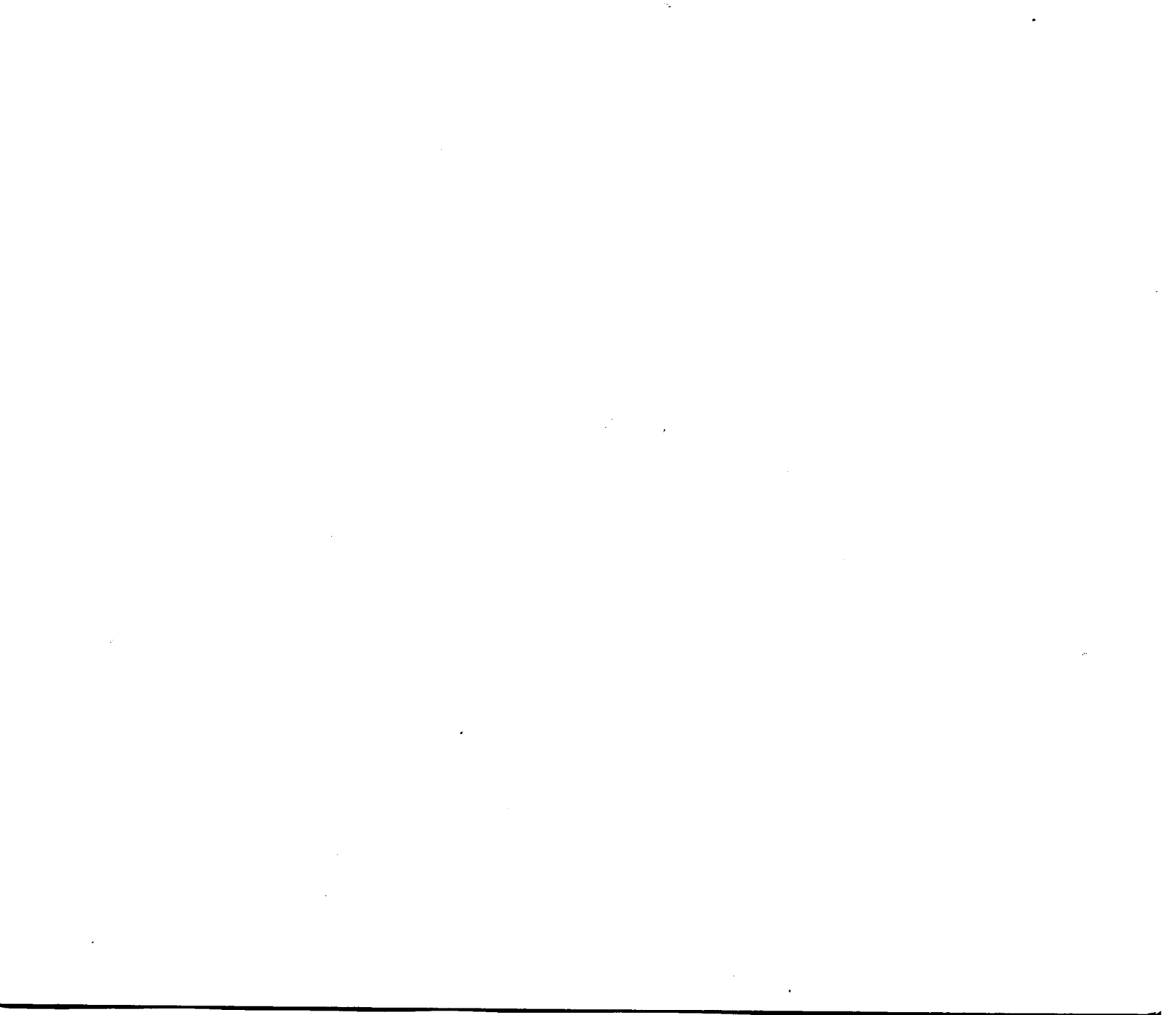
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

JUL 26 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 109
Local Reg. No. 215
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes		d. STREET ADDRESS (If rural, give location) 5623 Sites	
3. CHILD'S NAME (Type or Print) Baby BOY SMITH			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 28, 1955
7. FATHER'S NAME a. (First) Merlin b. (Middle) c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) San Diego, California	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Building supplies
12. MOTHER'S MAIDEN NAME a. (First) Irene b. (Middle) c. (Last) Horning		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Moscow, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT x Merlin J Smith			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date January 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown - autopsy showed no abnormality		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY L M L episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold B. Hulme, M.D.	23b. DATE SIGNED 7-1-55
		23c. ATTENDANT'S ADDRESS Boise	24. SIGNATURE OF AUTHORIZED OFFICIAL RELYEA MORTUARY
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/30/55	25c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery	25d. LOCATION (City, town, or county) (State) Boise, (Ada) Idaho
DATE REC'D BY LOCAL REG. 7-14-55	REGISTRAR'S SIGNATURE Therette Palmer	26. FUNERAL DIRECTOR RELYEA MORTUARY	ADDRESS 318 N. Latah Boise, Idaho



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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 26 1955

(1949 Revision of Standard Certificate)

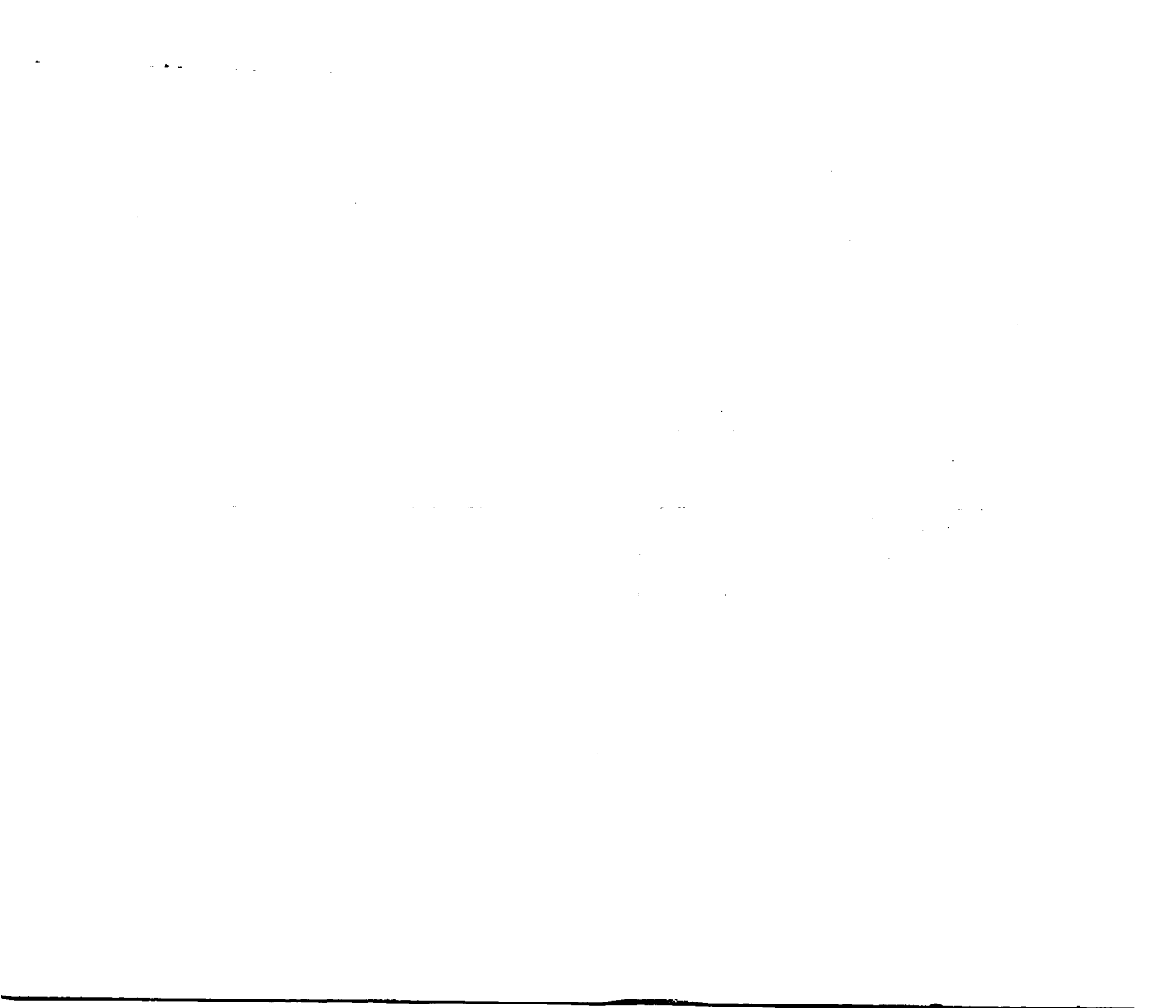
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 110

Local Reg. No. 177

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>✓</u> <u>Ada</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>117 Daisy</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Straub</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>4</u> <u>55</u>
7. FATHER'S NAME a. (First) <u>Daniel</u> b. (Middle) <u>none</u> c. (Last) <u>Straub</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Washington</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Service Parts Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u> b. (Middle) <u>none</u> c. (Last) <u>Nadeau</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>John B. Ross, Administrator</u>			
18a. LENGTH OF PREGNANCY <u>31</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>December 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>My premature cardiac Vaginal Arteries The central Infarction</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>My premature</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>10</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. E. DeGruen, M.D.</u>	
23b. DATE SIGNED <u>7-4-55</u>		23c. ATTENDANT'S ADDRESS	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John B. Ross, Administrator St. Luke's Hospital</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>7-6-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>
25d. LOCATION (City, town, or county) <u>Boise</u>		(State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>7-6-55</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
		26. FUNERAL DIRECTOR <u>John B. Ross, Administrator St. Luke's Hospital</u>	



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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 26 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 111

Local Reg. No. 218

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>ADA</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>ADA</u>	
b. CITY OR TOWN <u>BOISE</u>		c. CITY OR TOWN <u>BOISE</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>820 NO. 18th STREET</u>	
3. CHILD'S NAME (Type or Print) <u>HERBERT KEVIN ROBERTSON</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>JULY 14, 1955</u>
7. FATHER'S NAME a. (First) <u>HERBERT</u> b. (Middle) <u>CARL</u> c. (Last) <u>ROBERTSON</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>WEST VIRGINIA</u>	11a. USUAL OCCUPATION <u>SUPERINTENDENT</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>STATE HIGHWAY DEPT.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>BETTY</u> b. (Middle) <u>LOU</u> c. (Last) <u>SMITH</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>SOUTH DAKOTA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>MOTHER - MRS. BETTY LOU ROBERTSON</u>			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown - necrotized</u>	
		20b. MATERNAL CAUSES <u>Are determined - loss of fetal activity 1 wk before</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None -</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breach extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:23 P.</u> m.		23a. ATTENDANT'S SIGNATURE <u>Gene Arnold</u>	23b. DATE SIGNED <u>7-18-55</u>
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gene Arnold</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>7-16-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-19-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>St. Luke's Hospital</u>	ADDRESS <u>St. Luke's Hospital</u>

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(1949 Revision of Standard Certificate)

JUL 29 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 112

Local Reg. No. 230

Reg. Dist. No. 3.70

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location) 1419 East Bannock St	
3. CHILD'S NAME (Type or Print) Infant Perfect			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH July 16. 1955
7. FATHER'S NAME a. (First) James b. (Middle) E. c. (Last) Perfect		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 Yrs. YEARS	10. BIRTHPLACE (State or foreign country) Boise Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) Marie c. (Last) Starr		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Boise Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs. James E. Perfect			
18a. LENGTH OF PREGNANCY 28-30 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date on mother	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES } Fetus in utero passing through placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D. 23b. DATE SIGNED 7-20-55	
23c. ATTENDANT'S ADDRESS Boise, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL J. E. McLean TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-18-55	25c. NAME OF CEMETERY OR CREMATORY St. Johns	25d. LOCATION (City, town, or county) (State) Boise
DATE REC'D BY LOCAL REG. 7-27-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Schroeder-McLean-Dehson J. E. McLean	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

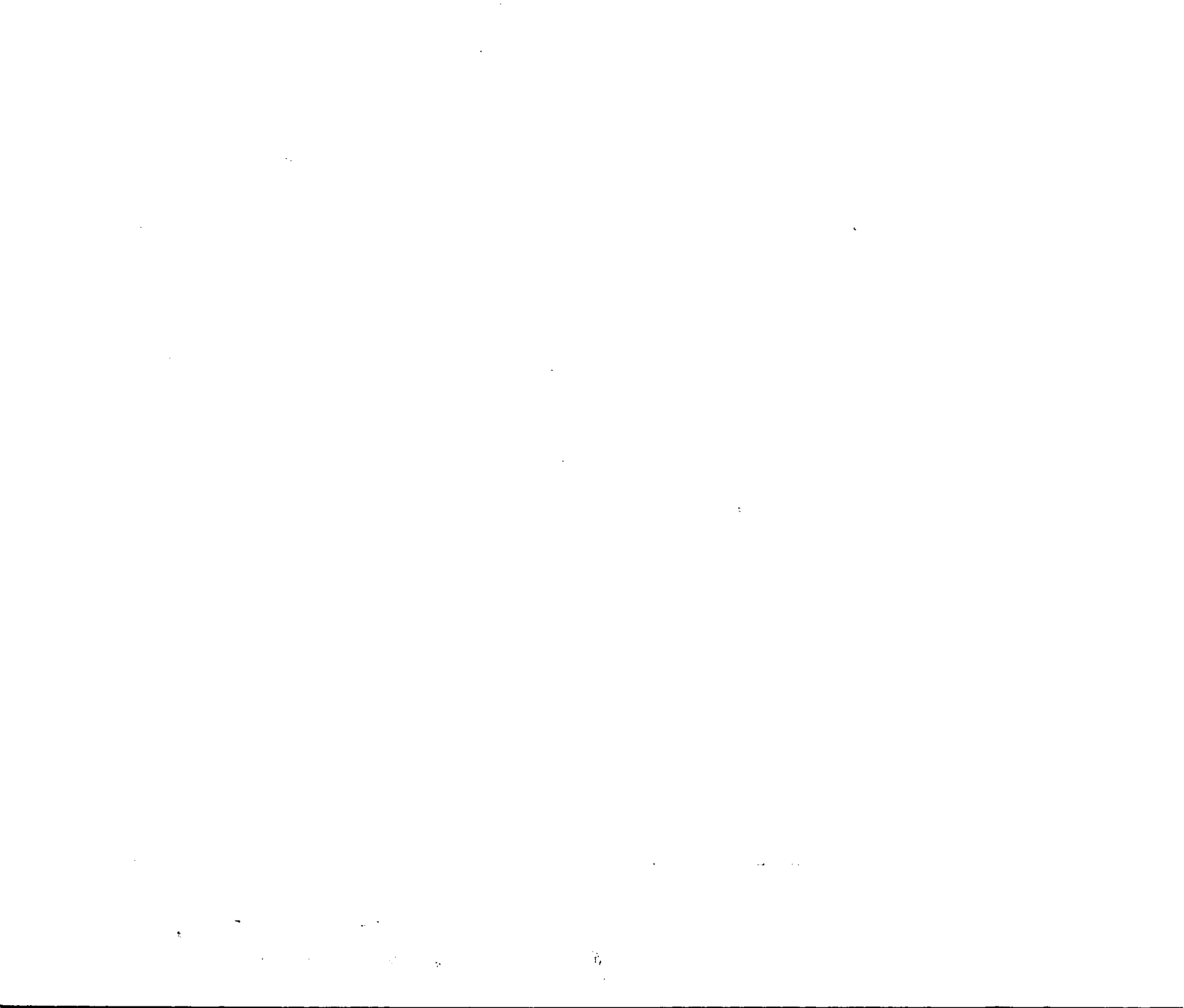
State of Idaho

State File No. 113

Local Reg. No. 235

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1716 Michigan	
3. CHILD'S NAME (Type or Print) BABY GIRL PECORA			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 22, 1955
7. FATHER'S NAME a. (First) Stuart b. (Middle) C. c. (Last) Pecora		8. COLOR OR RACE White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Georgetown, Idaho	11a. USUAL OCCUPATION Body repairs	11b. KIND OF BUSINESS OR INDUSTRY Automotive
12. MOTHER'S MAIDEN NAME a. (First) Dolores b. (Middle) I. c. (Last) Mace		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Eagle, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Stuart C. Pecora Boise			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Constriction of umbilical cord</i> 20b. MATERNAL CAUSES <i>None</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Harold B. Holme, M.D.</i> 23b. DATE SIGNED 7-29-55 23c. ATTENDANT'S ADDRESS <i>Boise</i> 24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Myrtle Palmer</i> TITLE RELVEA MORTUARY	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 7-29-55	25c. NAME OF CEMETERY OR CREMATORY St. Lukes Hospital	25d. LOCATION (City, town, or county) (State) Boise Ada Idaho
DATE REC'D BY LOCAL REG. 7-29-55	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR ADDRESS 318 N. Latah Boise, Idaho	



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CERTIFICATE OF STILLBIRTH

State of Idaho

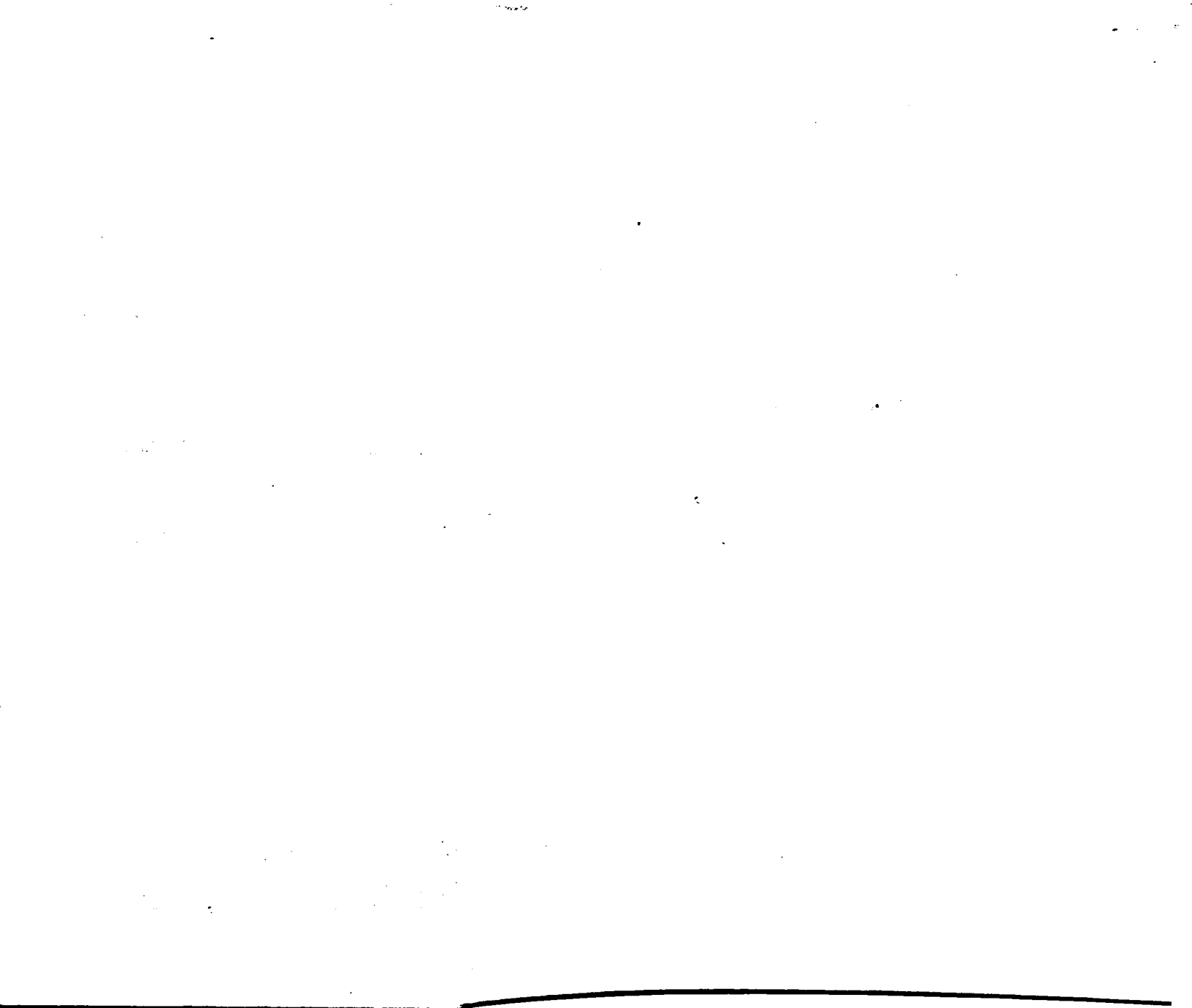
State File No. 114

Local Reg. No. 26

Reg. Dist. No. 17

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY bonner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bonner Genl Hosp.		d. STREET ADDRESS (If rural, give location) Rte # 1.	
3. CHILD'S NAME (Type or Print) Kim Allen Broadsword			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 19, 1955
7. FATHER'S NAME a. (First) Charles b. (Middle) none c. (Last) Broadsword		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 Yrs. YEARS	10. BIRTHPLACE (State or foreign country) Samuels Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Own Farm
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) none c. (Last) Chronic		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Sandpoint, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1yr. b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Charles Broadsword Samuels Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date December 11-1954	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxiation - Cord around neck.	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature rupture of membranes		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps - episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Helene Peterson M.D.	23b. DATE SIGNED 7/25/55
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL F. G. Mearns TITLE
25a. BURIAL, CREMA- TION (Specify)	25b. DATE 7 20, 1955	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cem	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. July 29, 1955		REGISTERAR'S SIGNATURE Grace Ralph	26. FUNERAL DIRECTOR F. G. Mearns ADDRESS Sandpoint, Idaho



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PHS-797(VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 19 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

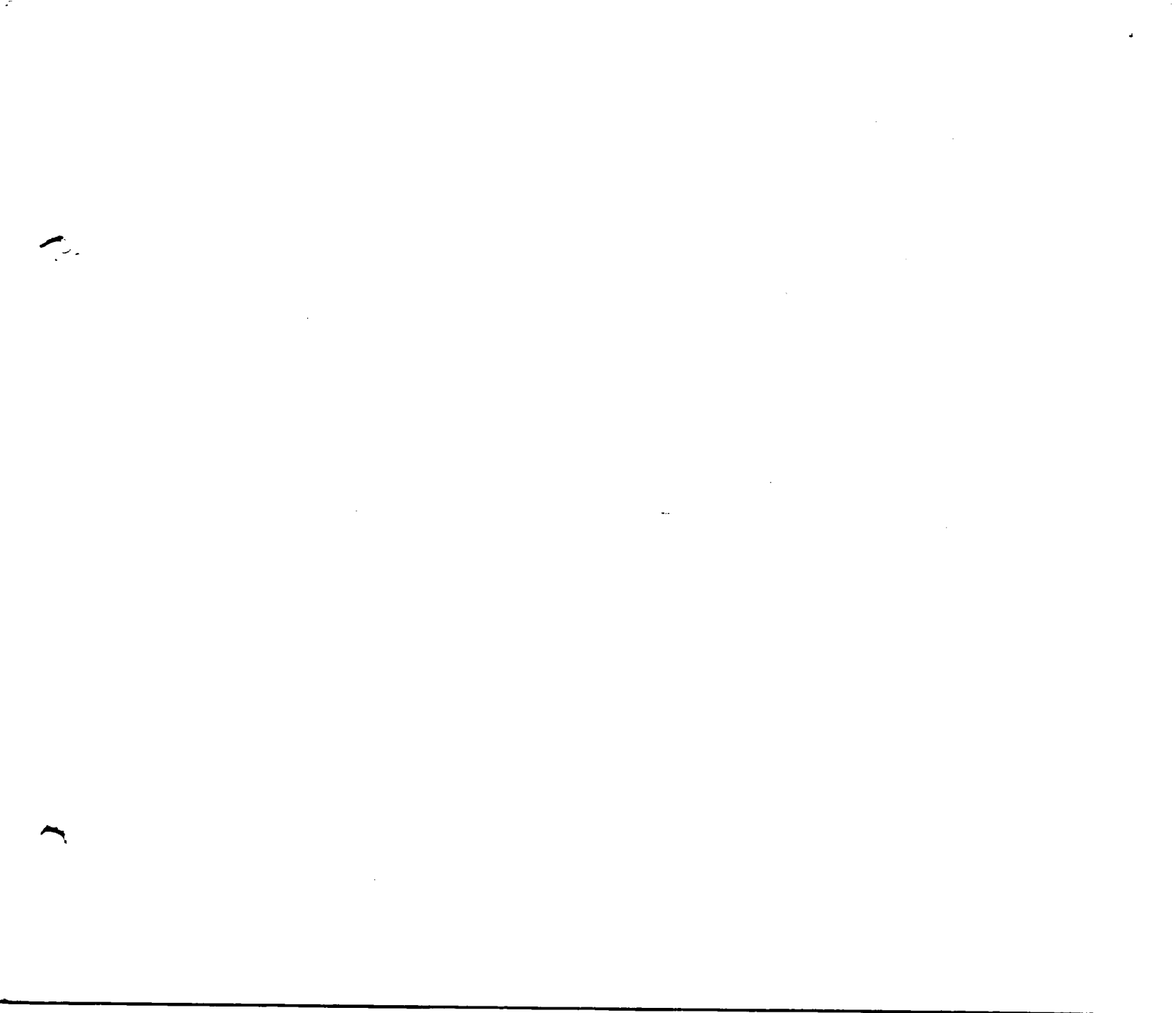
Division of Vital Statistics State of Idaho

State File No. 115

Local Reg. No. 127

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Anthony, Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.O.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
3. CHILD'S NAME (Type or Print) <u>Bair</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 8, 1955</u>
7. FATHER'S NAME a. (First) <u>Robert Eugene</u> b. (Middle) <u>Bair</u> c. (Last) <u>W</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Anthony, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Elma</u> b. (Middle) <u>Lue</u> c. (Last) <u>Palmer</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Parker, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>3</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2 (Twins)</u>	
17. INFORMANT <u>Robert Bair, Father</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>2 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>October 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Erythroblastosis Foetalis</u>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. M. Carey M.D.</u>	
23b. DATE SIGNED <u>7/8/55</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>M. J. Hansen</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>9 July 55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wilford</u>
25d. LOCATION (City, town, or county) (State) <u>St. Anthony, Idaho</u>		26. FUNERAL DIRECTOR ADDRESS <u>St. Anthony, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>July 8-1955</u>		REGISTRAR'S SIGNATURE <u>Anna Budjes</u>	

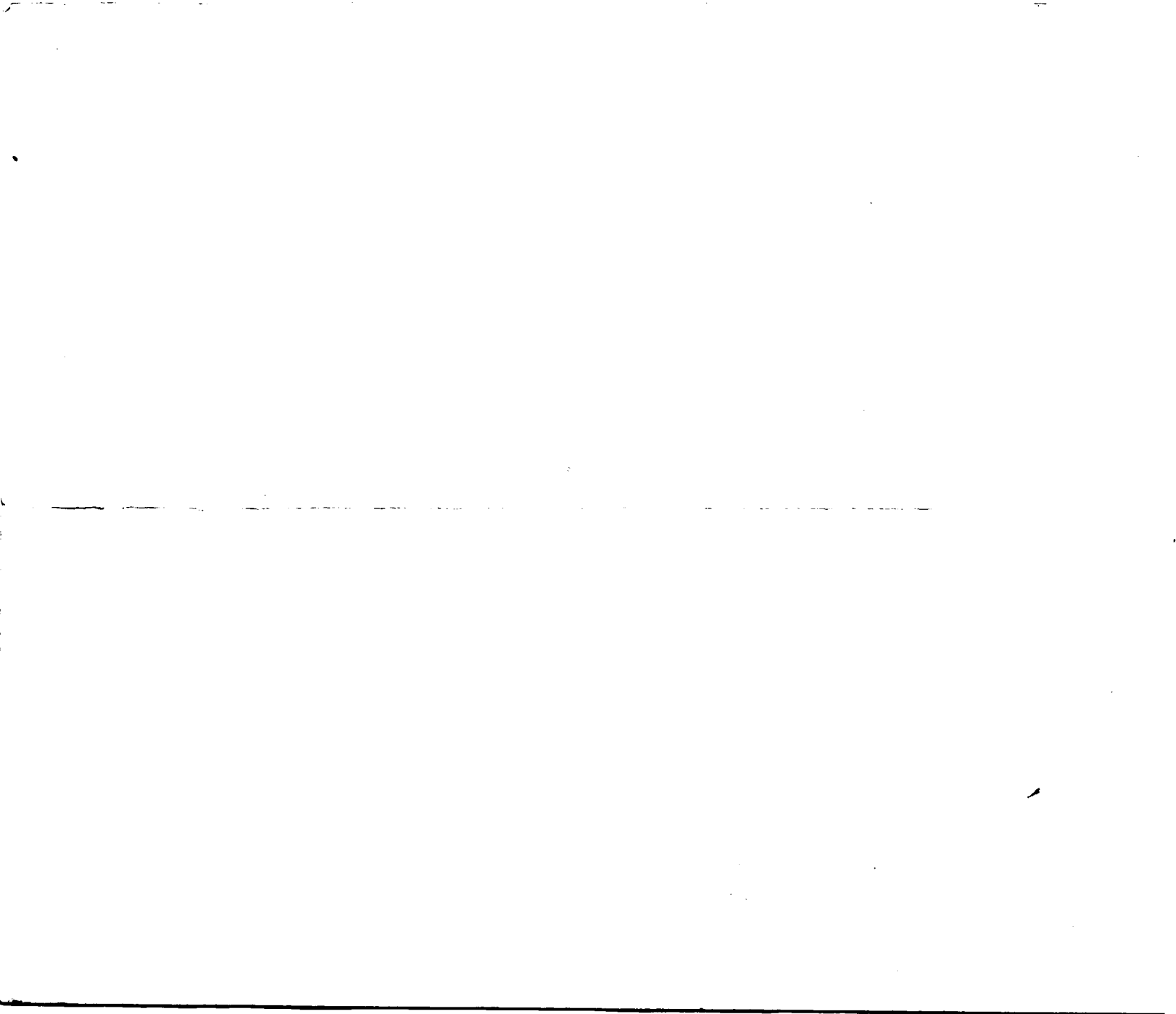


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AUG 22 1955 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 116
Local Reg. No. 9
Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial		d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print) RODNEY GALE HUGHES			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 23, 1955
7. FATHER'S NAME a. (First) ARTHUR b. (Middle) R. c. (Last) HUGHES		8. COLOR OR RACE white	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Oklahoma	11a. USUAL OCCUPATION Deliverman	11b. KIND OF BUSINESS OR INDUSTRY Westview Dairy
12. MOTHER'S MAIDEN NAME a. (First) DOLLIE b. (Middle) D. c. (Last) QUICK		13. COLOR OR RACE white	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Oklahoma	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Arthur Hughes</i>			
18a. LENGTH OF PREGNANCY 21 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Monstrous</i>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. J. Moore M.D.</i>	
		23b. DATE SIGNED 6/24/55	
23c. ATTENDANT'S ADDRESS <i>Caldwell, Idaho</i>		IF NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Lewis Edmunds</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/25/55	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. Aug. 15, 1955		REGISTRAR'S SIGNATURE <i>Mrs. Jane</i>	
		26. FUNERAL DIRECTOR <i>Lewis Edmunds</i> ADDRESS Nampa, Idaho	
LEWIS EDMUNDS MORTUARY			



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(1949 Revision of Standard Certificate)

JUL 20 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 117

Local Reg. No. 8

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Melba	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Girl Weech			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 1, 1955.
7. FATHER'S NAME a. (First) Carl b. (Middle) Eugene c. (Last) Weech		8. COLOR OR RACE White	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Hagerman, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Freda b. (Middle) Elizabeth c. (Last) Strawson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) England	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT D. Carl W. Weech			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalus	
		20b. MATERNAL CAUSES Diabetes.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Diabetes		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. 23b. DATE SIGNED 7-2-55	
23c. ATTENDANT'S ADDRESS Nampa, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY Melba Cemetery	25d. LOCATION (City, town, or county) (State) Melba, Idaho.
DATE REC'D BY LOCAL REG. July 18, 1955		26. FUNERAL DIRECTOR ADDRESS Nampa, Idaho ALSIP FUNERAL CHAPEL	

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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 14 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of IdahoState File No. 118Local Reg. No. 423Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Regina</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Virgil Thomas (Baby)</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 10 1955</u>
7. FATHER'S NAME a. (First) <u>Virgil</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Thomas</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Laga Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Dora</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Stone Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT		18a. LENGTH OF PREG-NANCY <u>40-42</u> WEEKS	
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7-12-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None determined</u>	
		20b. MATERNAL CAUSES <u>None determined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:42 pm.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Midwife</u> 23b. DATE SIGNED <u>7-12-55</u>	
23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Paul Amant</u> TITLE	
25a. BURIAL, CREMA-TION, REMOVAL (Specify)	25b. DATE <u>7-11-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Paul Amant</u>	25d. LOCATION (City, town, or county) (State) <u>Paul Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-12-55</u>	REGISTRAR'S SIGNATURE <u>Iris Van Leuwen</u>	26. FUNERAL DIRECTOR <u>Robert Goodman</u> ADDRESS <u>Regina</u>	



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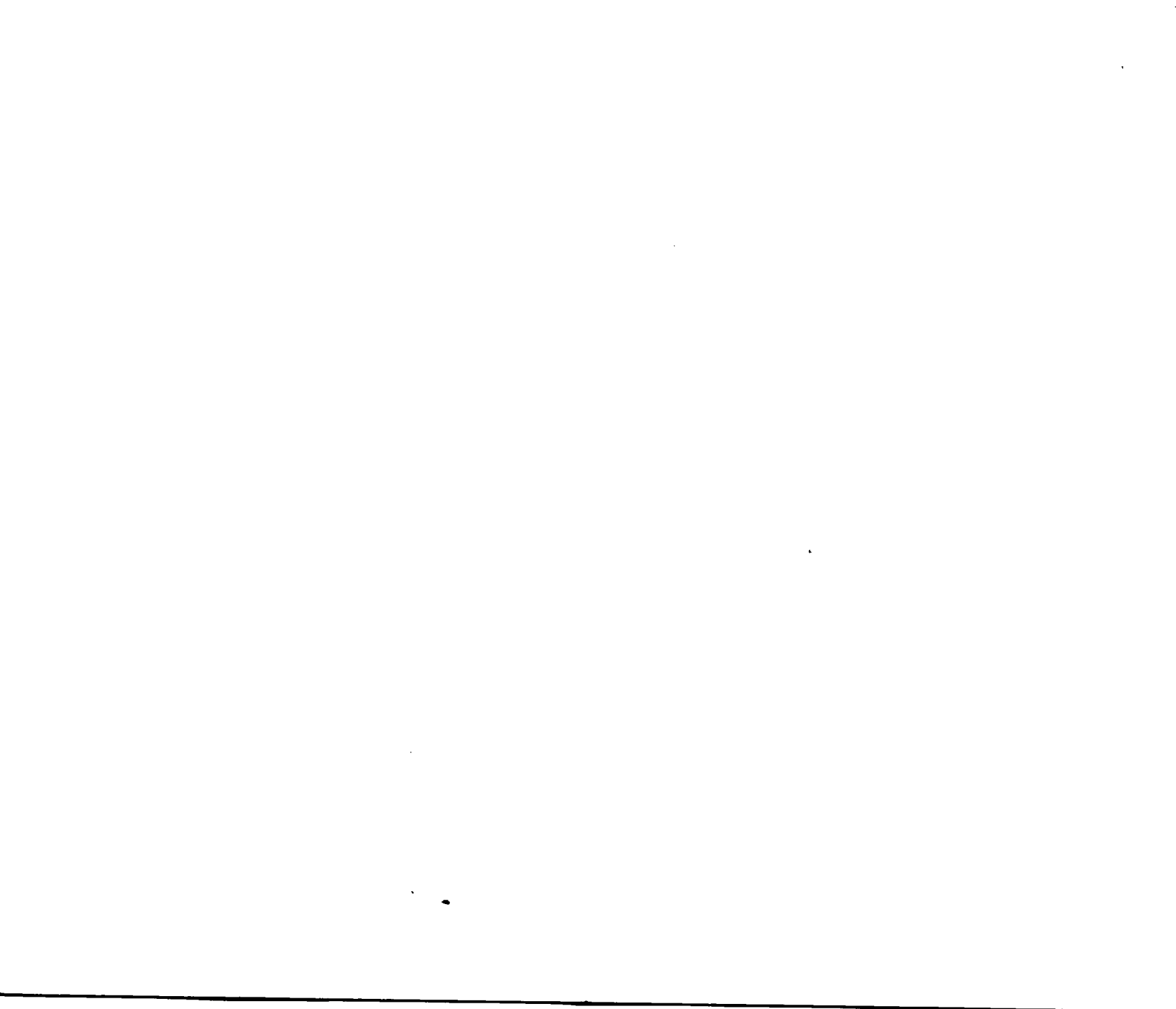
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICEJUL 23 1955
1949 Revision of Standard Certificate
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 119

Local Reg. No. 49

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>216 So. Commercial</u>	
3. CHILD'S NAME (Type or Print) <u>Catherine Irene Nichols</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 18, 1955</u>
7. FATHER'S NAME a. (First) <u>Roger Nichol</u>		b. (Middle)	c. (Last)
9. AGE (At time of this birth) <u>20</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Smith Center, Kansas</u>	11a. USUAL OCCUPATION <u>Printer</u>
		11b. KIND OF BUSINESS OR INDUSTRY <u>newspaper</u>	8. COLOR OR RACE <u>white</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Carmen Hughes</u>		b. (Middle)	c. (Last)
14. AGE (At time of this birth) <u>20</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>
17. INFORMANT <u>X Roger Nichols</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec 1954</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u>	
		20b. MATERNAL CAUSES <u>Pre eclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pre eclampsia & premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:20</u> <u>p. m.</u>		23a. ATTENDANT'S SIGNATURE <u>M^{rs} B. Jewell, M.D.</u>	23b. DATE SIGNED <u>July 21, 1955</u>
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John W. Butty</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>July 19, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 21, 1955</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>The Beauty Shop, Emmett, Idaho</u>	



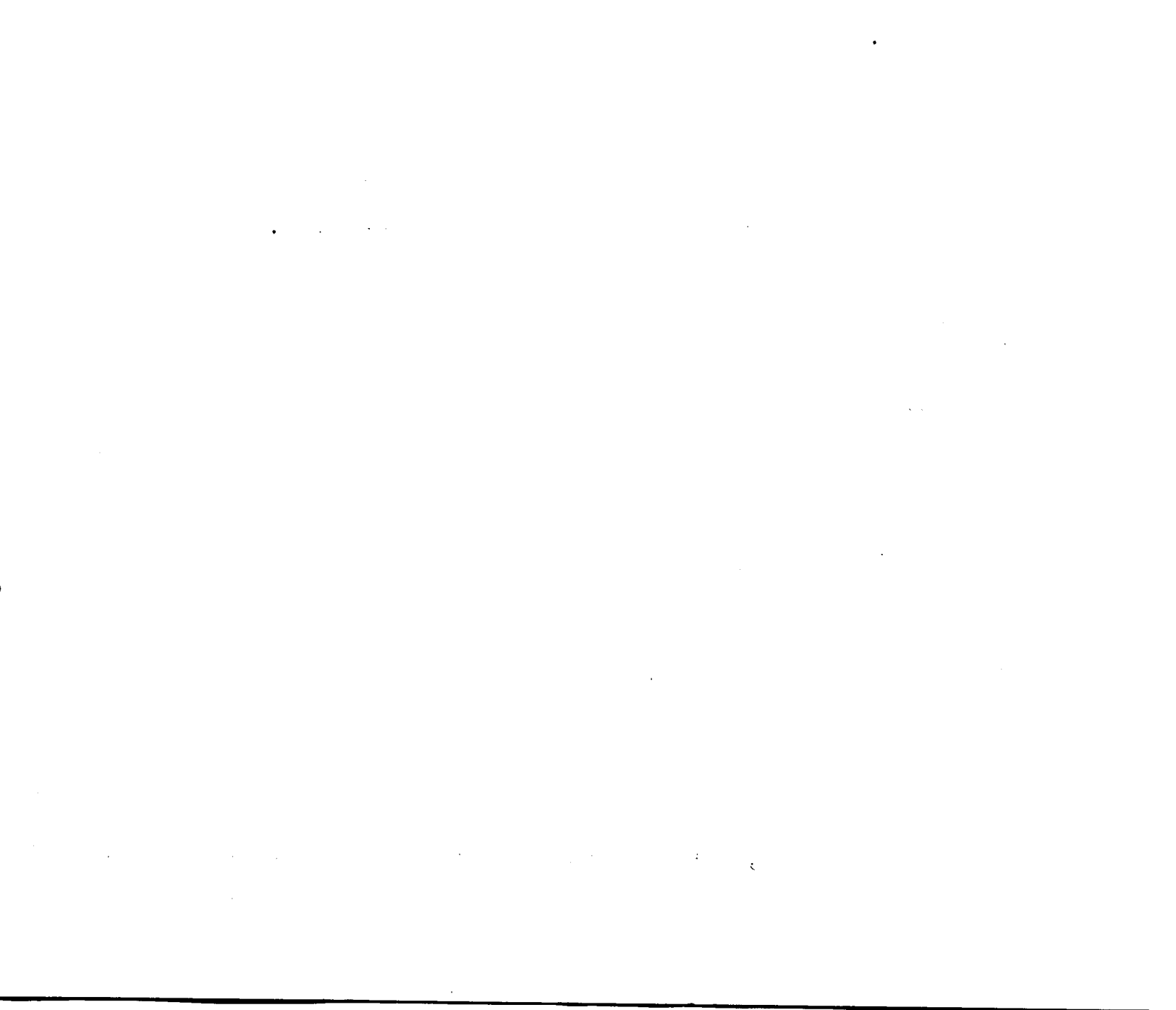
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 120
Local Reg. No. 6
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 1217-N-7th, St.	
3. CHILD'S NAME (Type or Print) Susan Kay Ferry			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 23, 1955
7. FATHER'S NAME a. (First) Louis		c. (Last) Ferry	
b. (Middle)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) New York	11a. USUAL OCCUPATION Edgerman	11b. KIND OF BUSINESS OR INDUSTRY Veneer Plant
12. MOTHER'S MAIDEN NAME a. (First) Georgia		c. (Last) Lebow	
b. (Middle) Evelyn		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Arkansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Louis L. Ferry Jr.			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Atelactasis - 20b. MATERNAL CAUSES twin preg - bruch for.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) John Fox M.D. 23b. DATE SIGNED 7/26/55	
23c. ATTENDANT'S ADDRESS CDA.		24. SIGNATURE OF AUTHORIZED OFFICIAL Don English TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 25, 1955	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho
DATE REC'D BY LOCAL REG. 7-28-55	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR ADDRESS Don English Coeur d' Alene, Idaho	



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(1949 Revision of Standard Certificate)

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CERTIFICATE OF STILLBIRTH

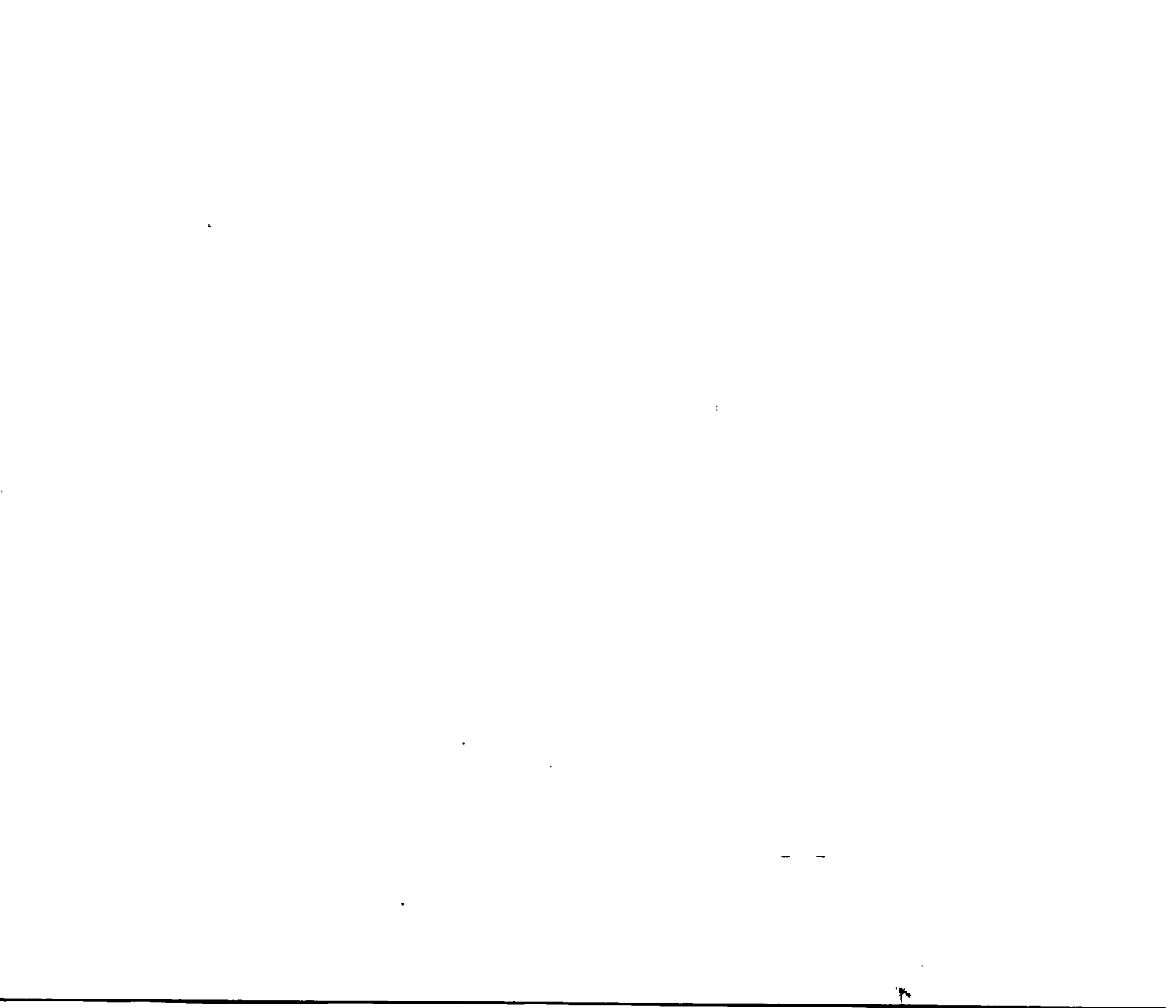
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 25Reg. Dist. No. 200

121

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Critman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>217 West First St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Ingebritsen</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 16 1955</u>
7. FATHER'S NAME a. (First) <u>Allen</u>		b. (Middle) <u>Ingebritsen</u> c. (Last) <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Moscow, Idaho</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Linda</u>		b. (Middle) <u>Marsyla</u> c. (Last) <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mullan, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Allen Ingebritsen</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-12-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Cord around baby's neck</u>		
	20b. MATERNAL CAUSES <u>Twins (dead for 2 weeks)</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:14 p.m.</u>	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joseph E. Wilson M.D.</u>		23b. DATE SIGNED <u>7-29-55</u>
	23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-18-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-1-55</u>	REGISTRAR'S SIGNATURE <u>Lain E. Angel</u>	26. FUNERAL DIRECTOR ADDRESS <u>Moscow, Idaho</u>	



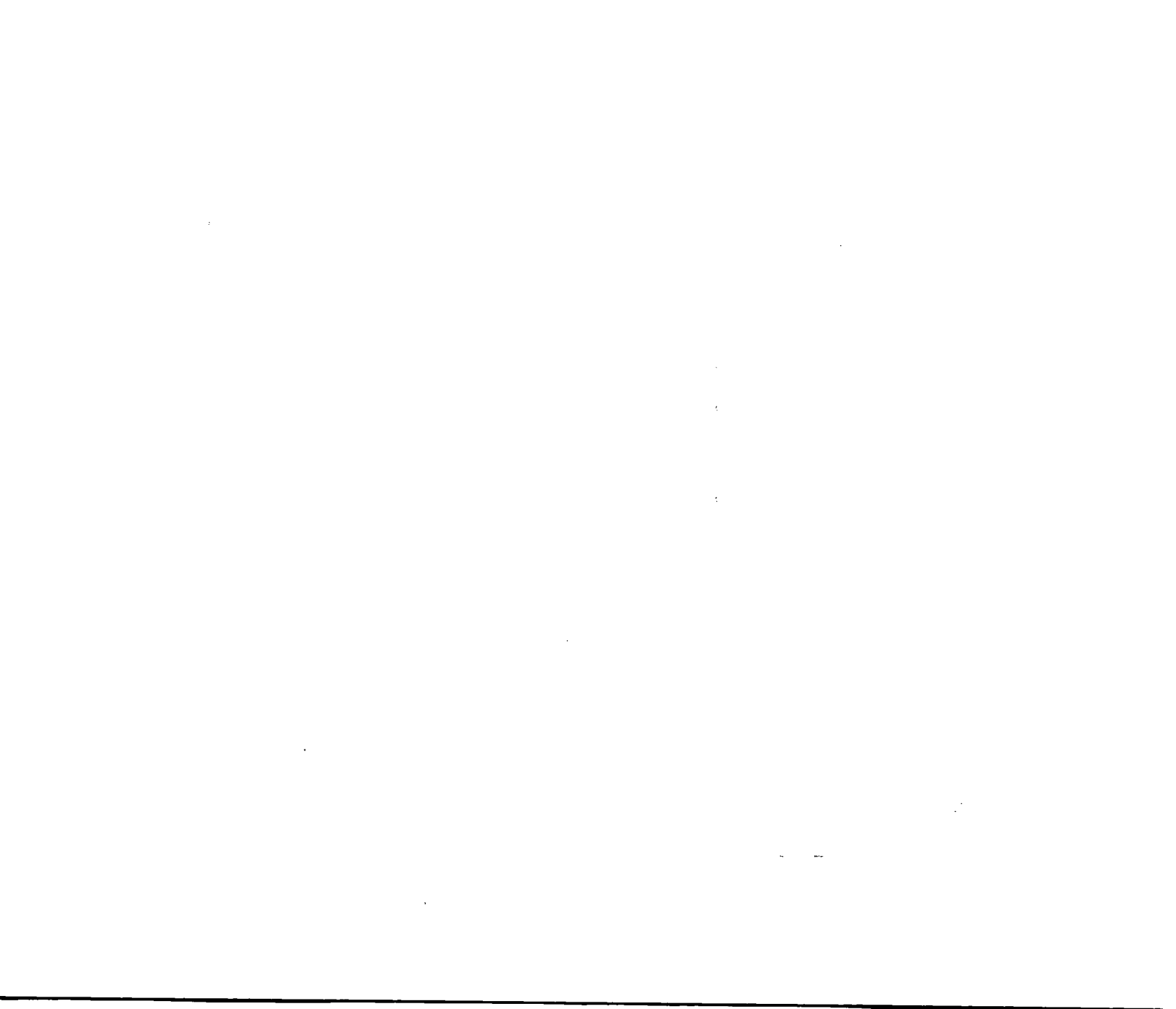
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(1972 Revision of Standard Certificate)
AUG 11 1955
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 122
Local Reg. No. 26
Reg. Dist. No. 280

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> d. STREET ADDRESS (If rural, give location) <u>217 West First St.</u>		
3. CHILD'S NAME ((Type or Print)) <u>Baby Girl Ingebritsen</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 16 1955</u>		
7. FATHER'S NAME <u>Allen</u>		a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>25</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Moscow, Idaho</u>		11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Linda</u>		a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Mullan, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <u>Allen Ingebritsen</u>		a. How many children are now living? <u>0</u>		b. How many children were born alive but are now dead? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS		18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>10</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-12-54</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Breech, Foot down, 62d down abrupt placenta</u>			
		20b. MATERNAL CAUSES <u>abrupt placenta</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Twins, one dead 14 weeks, 2nd abrupt placenta</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:45 P.M.</u>		23a. ATTENDANT'S SIGNATURE <u>Joseph F. Wilson</u>		23b. DATE SIGNED <u>7-29-55</u>	
		23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>7-18-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-1-55</u>		REGISTRAR'S SIGNATURE <u>Lisa E. Angel</u>		26. FUNERAL DIRECTOR ADDRESS <u>David R. Tate Moscow, Idaho</u>	



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(1949 Revision of Standard Certificate)

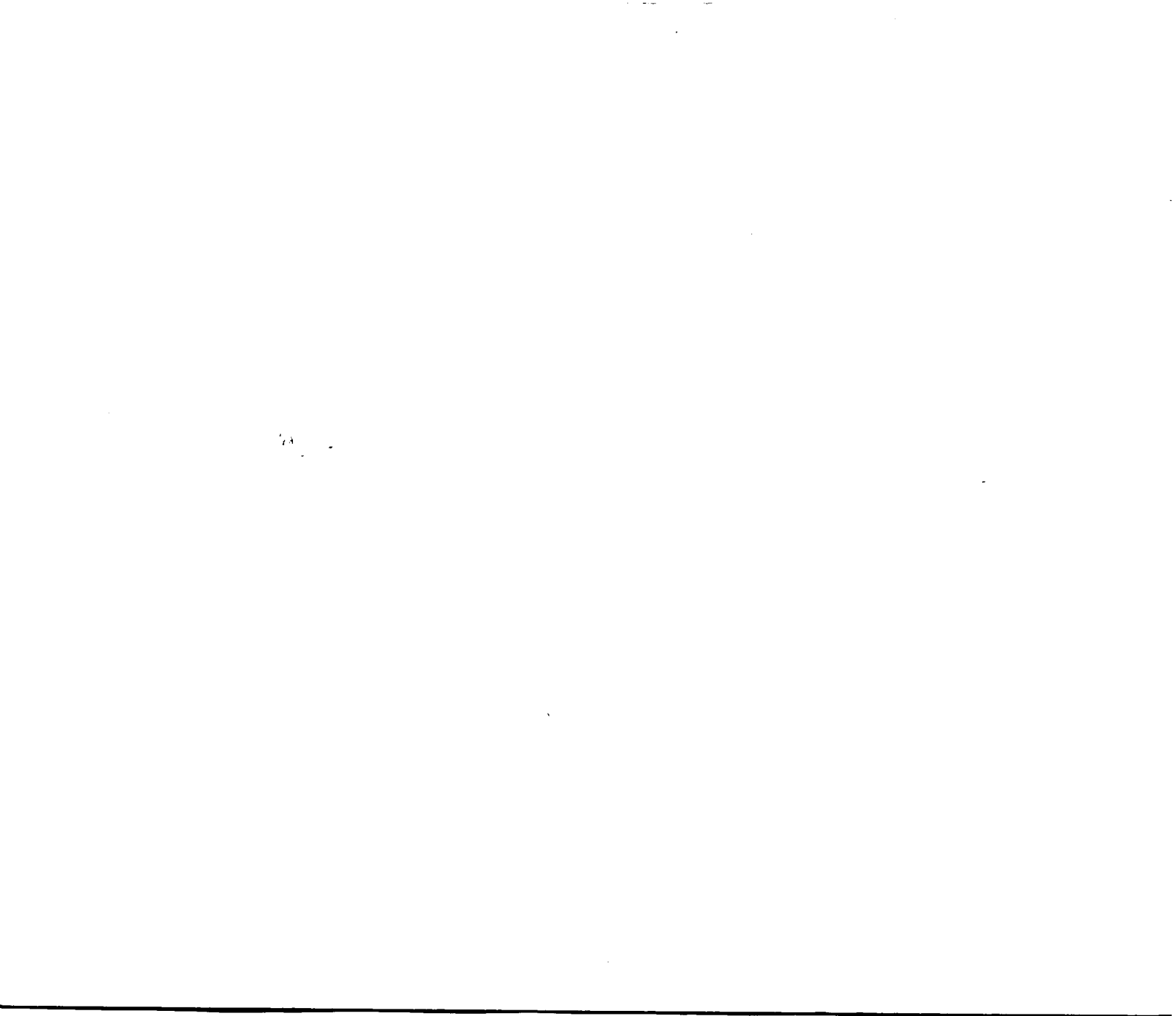
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 123

Local Reg. No. 450

Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <i>Minidoka</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE <i>Idaho</i> b. COUNTY <i>Minidoka</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Reynolds</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Reynolds</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Reynolds General Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>Box 277</i>	
3. CHILD'S NAME (Type or Print) <i>Charles Cecil Terry (Baby)</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>June 26 1955</i>
7. FATHER'S NAME a. (First) <i>Charles Cecil</i> b. (Middle) <i>Terry</i> c. (Last) <i>Terry</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>25</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Reynolds Idaho</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Donna Jean</i> b. (Middle) <i>Barnes</i> c. (Last) <i>Barnes</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>23</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Reynolds Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>1</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Cecil Terry</i>			
18a. LENGTH OF PREGNANCY <i>36</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>8</i> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <i>Approximate date</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Face presentation that could not be</i> 20b. MATERNAL CAUSES <i>satisfactorily changed</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>See 20a.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Repair of severe laceration</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>A. F. Waller</i> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>MD</i>
23c. ATTENDANT'S ADDRESS <i>Reynolds</i>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Rodney Goodman</i> TITLE <i>Idaho</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>June 27 1955</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Reynolds Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Reynolds Idaho</i>
DATE REC'D BY LOCAL REG. <i>7-11-55</i>	REGISTRAR'S SIGNATURE <i>E. H. L. 120000</i>	26. FUNERAL DIRECTOR <i>Rodney Goodman</i> ADDRESS <i>Idaho</i>	



RECEIVED

(1949 Revision of Standard Certificate)

JUL 23 1955

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 124

Local Reg. No. 796

Reg. Dist. No. 260

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Battle</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moore</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rte 1 Moore Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Bakay girl Williams</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 16 1955</u>
7. FATHER'S NAME a. (First) <u>Joseph</u> b. (Middle) <u>hawn</u> c. (Last) <u>Williams</u>	8. COLOR OR RACE <u>W</u>		
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Milkwright Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>how</u> c. (Last) <u>McVey</u>	13. COLOR OR RACE <u>W</u>		
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Salt Lake City Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Betty how Williams</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>2</u> 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>7/15/55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Late Abortion - Missed - 20 weeks</u>	
		20b. MATERNAL CAUSES <u>Immature Birth</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date noted above at <u>12:44</u> p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Kearlton Schaefer M.D.</u>	
23b. DATE SIGNED <u>7/16/55</u>		23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lena J. Jorman</u>		23e. TITLE <u>REG</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>7-18-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hosp., Twin Falls, Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL <u>July 19, 1955</u>	26. FUNERAL DIRECTOR <u>Magic Valley Memorial Hosp., Twin Falls, Idaho</u>	ADDRESS	

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RECEIVED
(1949 Revision of Standard Certificate)
JUL 22 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 125
Local Reg. No. 797
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Castle Field</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Simpson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 18 1955</u>
7. FATHER'S NAME a. (First) <u>Ernest</u> b. (Middle) <u>Woodford</u> c. (Last) <u>Simpson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marcia</u> b. (Middle) c. (Last) <u>Walters</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>New York</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mother's chart</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u> 20b. MATERNAL CAUSES <u>Low implantation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:30</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dean W. Appleack MD</u> 23b. DATE SIGNED <u>18 July 55</u> 23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lenora J. Lorman</u> 23e. TITLE <u>Woodson Creek, ID.</u> 23f. ADDRESS <u>Twin Falls, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>7-18-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 20, 1955</u>		26. FUNERAL DIRECTOR <u>Woodson Creek, ID.</u>	

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AUG 19 1955 CERTIFICATE OF STILLBIRTH

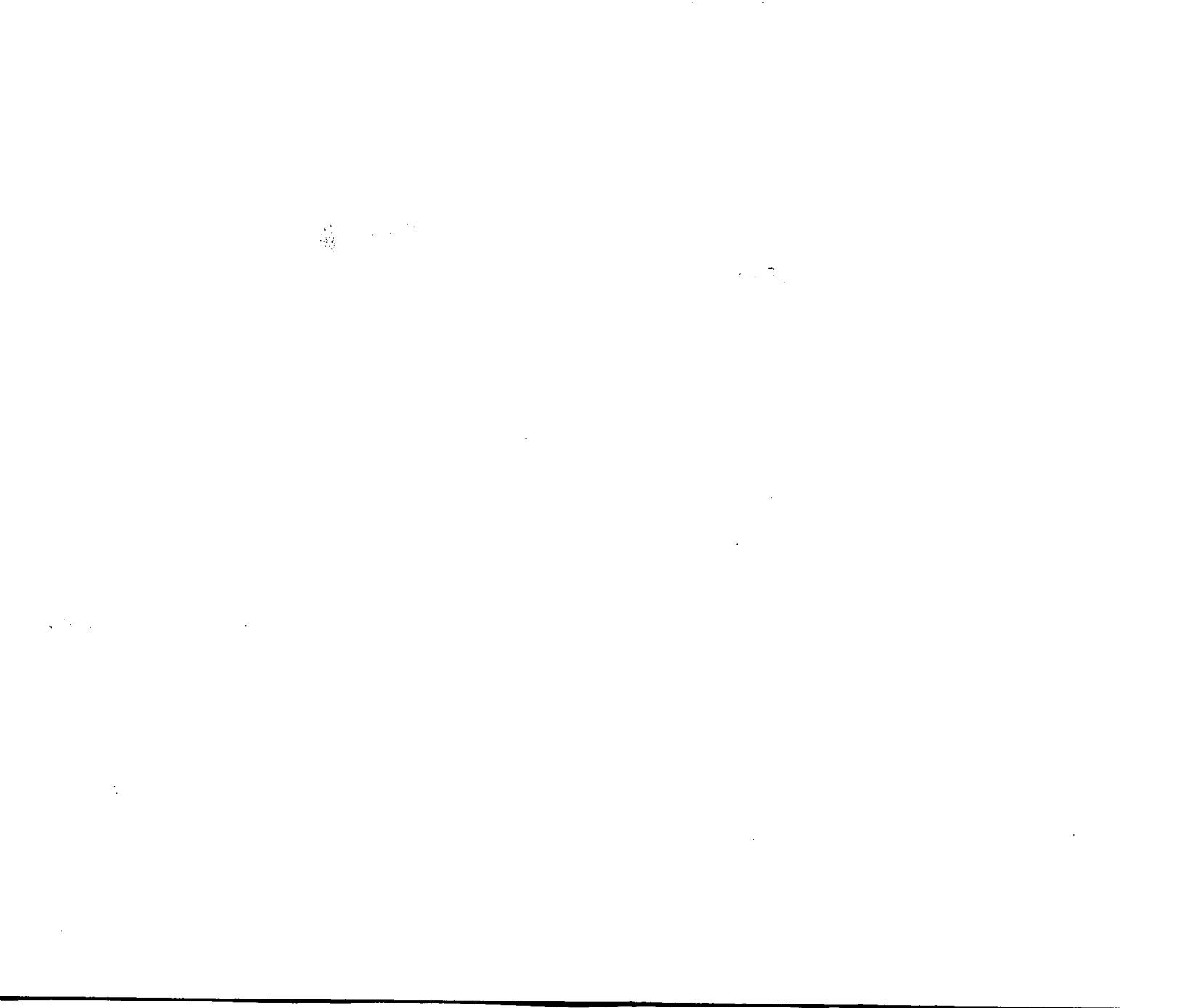
Division of Vital Statistics State of Idaho

State File No. 126..

Local Reg. No. 812

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Filer</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
3. CHILD'S NAME (Type or Print) <u>Karen Shuff</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 31 1955</u>
7. FATHER'S NAME a. (First) <u>Gene</u> b. (Middle) <u>R</u> c. (Last) <u>Shuff</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Filer</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Helene Jean</u> b. (Middle) <u>Engels</u> c. (Last)		13. COLOR OR RACE	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother's (Cher T Gene R. Shuff)</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>2</u> No <u>.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Large Interventricular Septal Defect (Heart Defect)</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy & Forceps on right arm, Left</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>.....</u> m.	23a. ATTENDANT'S SIGNATURE <u>Joan D. Brown M.D.</u>		23b. DATE SIGNED <u>8/2/55</u>
	23c. ATTENDANT'S ADDRESS <u>Filer - Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Whit - Mortuary</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-4-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug. 9, 1955</u>	REGISTRAR'S SIGNATURE <u>Lenora C. Zorman</u>	26. FUNERAL DIRECTOR <u>Whit - Mortuary</u> <u>Twin Falls, Idaho</u>	



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(1949 Revision of Standard Certificate)

JUL 12 1955

Division of Vital Statistics

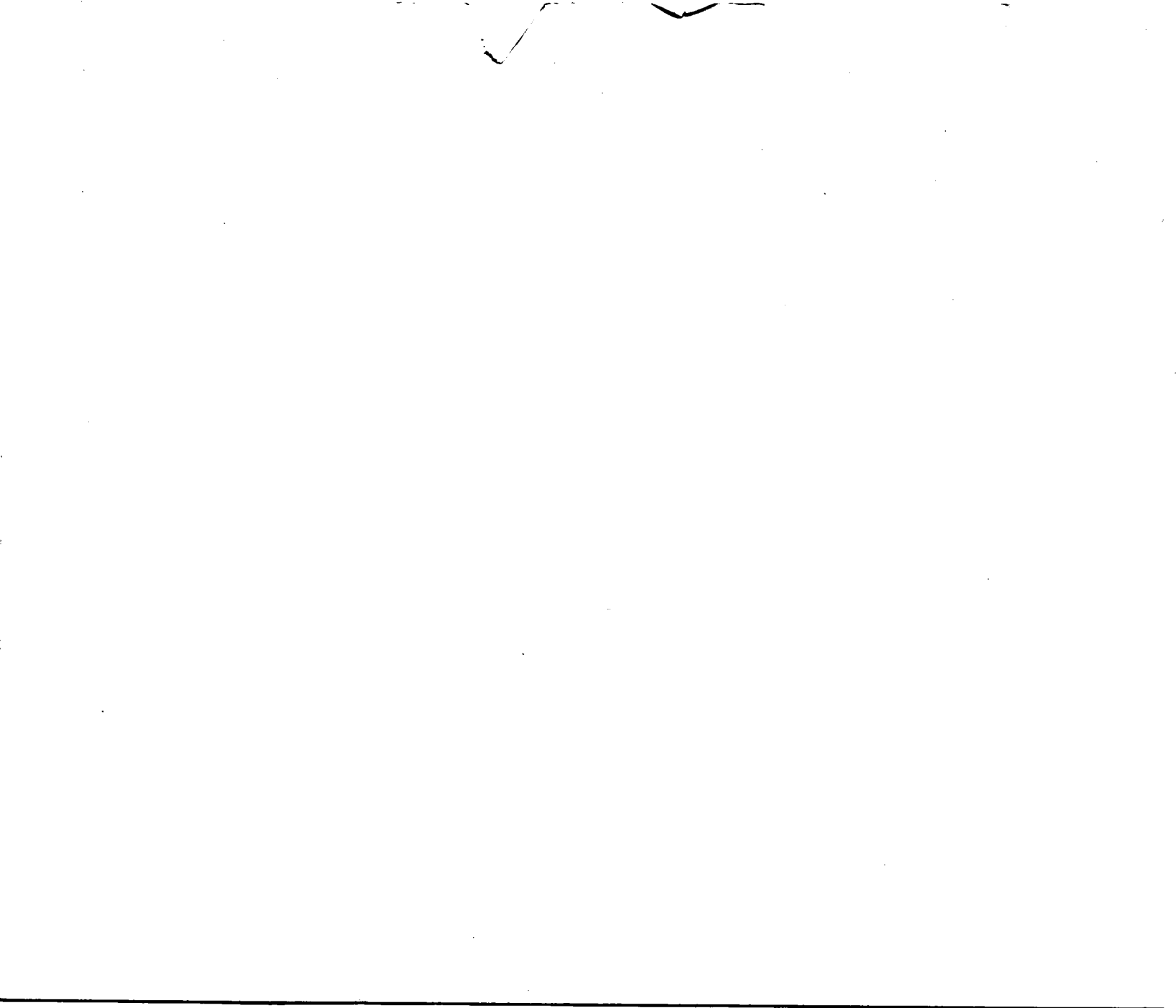
State of Idaho

State File No. 127

Local Reg. No. 4

Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Texas.</u> b. COUNTY <u>San Patrición.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taft.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weiser Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Cuellar.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 4, 1955</u>
7. FATHER'S NAME a. (First) <u>Tirso</u>		b. (Middle)	c. (Last) <u>Cuellar</u>
8. COLOR OR RACE <u>Mexican.</u>			
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wood San Texas</u>	11a. USUAL OCCUPATION <u>Concrete Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Guadalupe</u>		b. (Middle)	c. (Last) <u>DAVILA</u>
13. COLOR OR RACE <u>Mexican</u>			
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Goliad Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <u>7</u>	b. How many children were born alive but are now dead? <u>0</u>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Tirso Cuellar</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>7</u>	18b. WEIGHT AT BIRTH LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/> Approximate date <u>6-4-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature Separation Placenta</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>[Signature]</u>	23b. DATE SIGNED <u>7/5/55</u>
23c. ATTENDANT'S ADDRESS <u>Weiser Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>7/5/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	25d. LOCATION (City, town, or county) (State) <u>Weiser Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7/5/55 Marsee Hawthorn</u>		26. FUNERAL DIRECTOR <u>A.S. Jones</u> ADDRESS <u>Weiser Idaho</u>	



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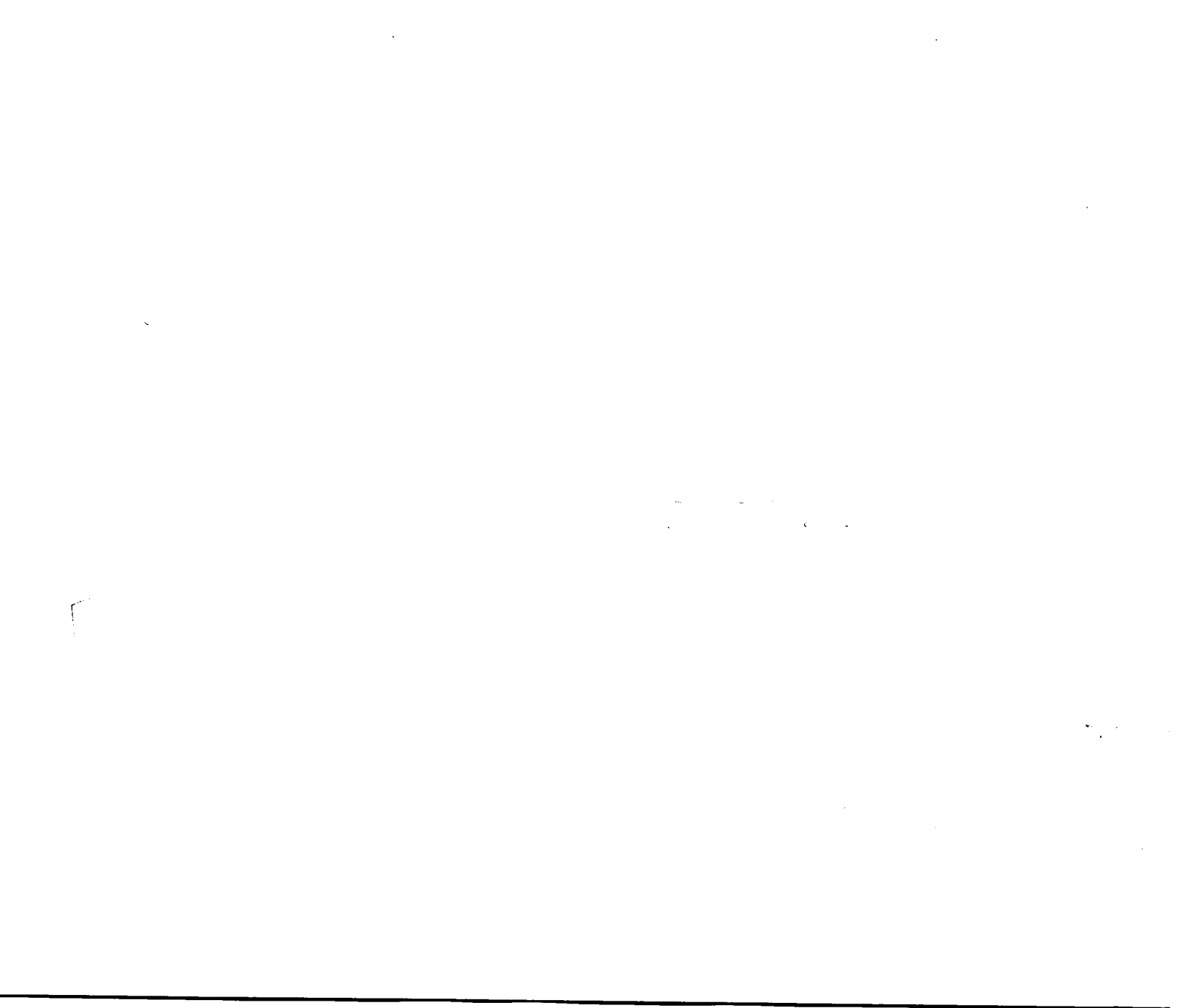
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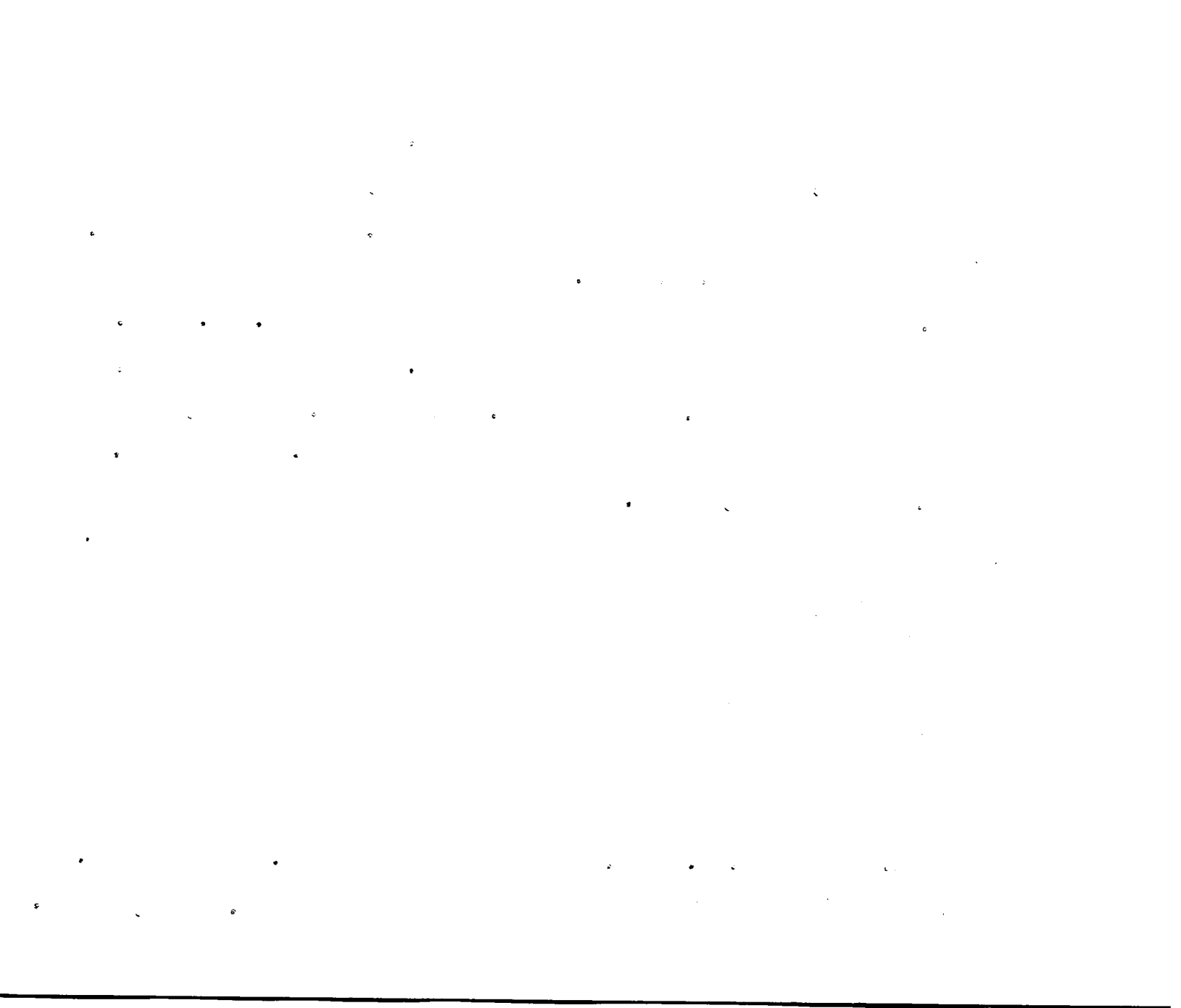
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 128
Local Reg. No. 255
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bliss	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY BOY INMAN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 16, 1955
7. FATHER'S NAME a. (First) Unknown b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) Unknown YEARS	10. BIRTHPLACE (State or foreign country) Unknown	11a. USUAL OCCUPATION Unknown	11b. KIND OF BUSINESS OR INDUSTRY Unknown
12. MOTHER'S MAIDEN NAME a. (First) Marie b. (Middle) c. (Last) Inman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 14 YEARS	15. BIRTHPLACE (State or foreign country) Unknown	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT P. O. Box 2007 Boise Laura Wedlund			
18a. LENGTH OF PREG. NANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown causes. - Macerated fetus. 20b. MATERNAL CAUSES No abnormal conditions apparent.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None apparent		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy, Spontaneous delivery.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:00 A. M.		23a. ATTENDANT'S SIGNATURE James C. F. Chapman, M.D.	23b. DATE SIGNED July 22, 1955
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/18/55	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 8-23-55		26. FUNERAL DIRECTOR ADDRESS Boise, Idaho SHIMMERS FUNERAL HOME Chas. E. Summers	





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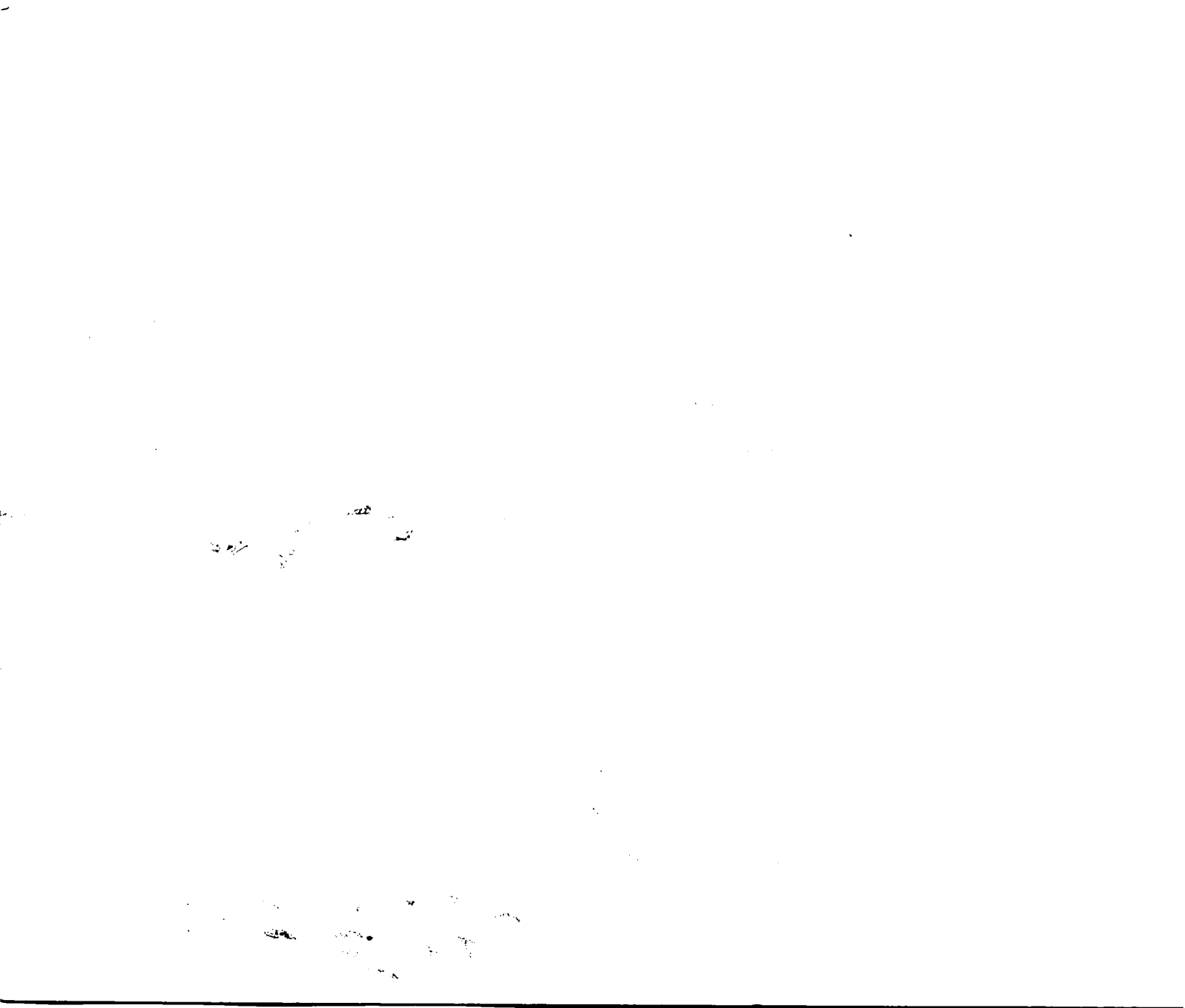
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 130Local Reg. No. 277Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4305 Albion</u>	
3. CHILD'S NAME (Type or Print) <u>MELODY JEAN PRUATT</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 28, 1955</u>
7. FATHER'S NAME a. (First) <u>Gene</u> b. (Middle) <u>Pruatt</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	11a. USUAL OCCUPATION <u>Route Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Purity Bakery</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sylvia</u> b. (Middle) <u>Dunn</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Glasgow, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Gene Pruatt</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Emiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Gene Pruatt</u>	23b. DATE SIGNED <u>9/1/55</u>
23a. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>RELVEA MORTUARY</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-31-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Ada Idaho</u>
DATE REC'D BY LOCAL REG. <u>9-8-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>RELVEA MORTUARY</u>	ADDRESS <u>318 N. Latah Boise, Idaho</u>



PHS-797(VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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SEP 1 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 171

Reg. Dist. No. 610

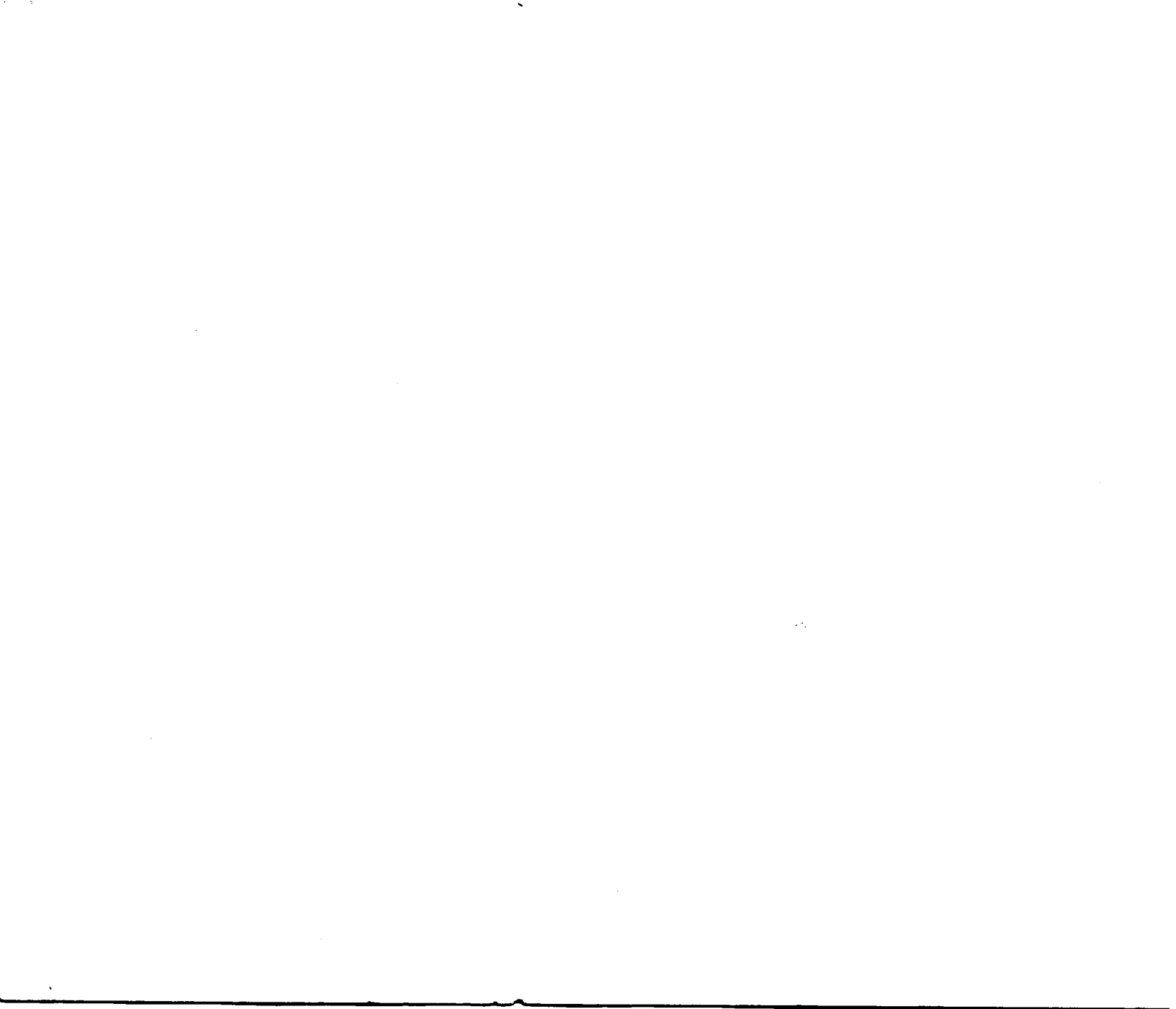
131

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart</u>		d. STREET ADDRESS <u>Idaho Falls</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Cave</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug-16-1955</u>
7. FATHER'S NAME a. (First) <u>Edwin</u> b. (Middle) <u>Cave</u> c. (Last)		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>0</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Fern</u> b. (Middle) <u>Paulsen</u> c. (Last)		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lewisville, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Eddie Cave 1307 Canyon Ave.</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March, 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Septicemia</u>	
		20b. MATERNAL CAUSES <u>Intrauterine infection</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature rupture of membranes</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Ernest St. Bills, M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>8/17/55</u>		23c. ATTENDANT'S ADDRESS <u>778 So Blvd. Idaho Falls</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ernest St. Bills</u>		TITLE <u>Idaho Falls</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug 19, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lewisville Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Lewisville Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug. 30-1955</u>	REGISTRAR'S SIGNATURE <u>Anna Budgis</u>	26. FUNERAL DIRECTOR <u>Ernest St. Bills</u> ADDRESS <u>Idaho Falls</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **132**
Local Reg. No. **176**
Reg. Dist. No. **610**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Langley			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug-21-1955
7. FATHER'S NAME a. (First) Cecil b. (Middle) c. (Last) Langley		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls Idaho	11a. USUAL OCCUPATION u.s. Serviceman	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Geraldine b. (Middle) Hope c. (Last) McClain		13. COLOR OR RACE white	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Della Bagshaw			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Toxemia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. R. C. Carey M.D. 23c. ATTENDANT'S ADDRESS Idaho Falls Idaho	
		23b. DATE SIGNED 8/31/55 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug-22-55	25c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. Sept. 8-1955		26. FUNERAL DIRECTOR ADDRESS Paul Delmonico Idaho Falls	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **133**
Local Reg. No. **26-55**
Reg. Dist. No. **1-2-2**

1. PLACE OF STILLBIRTH a. COUNTY BOUNDARY		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY BOUNDARY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNERS FERRY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COPELAND	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 3 1/2 Miles North of Copeland	
3. CHILD'S NAME (Type or Print) BARBARA ANN CHISHOLM			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 5 1955
7. FATHER'S NAME a. (First) CONRAD b. (Middle) ALEXANDER c. (Last) CHISHOLM		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) IDAHO	11a. USUAL OCCUPATION FARMER	11b. KIND OF BUSINESS OR INDUSTRY FARMING
12. MOTHER'S MAIDEN NAME a. (First) GERTRUDE b. (Middle) ANN c. (Last) NELSON		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) NORTH DAKOTA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Conrad A. Chisholm</i>			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Pre-eclampsia at 7 months.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Delivered by vaginal breech after fetal head turned around.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>E. W. Duvall</i> 23b. DATE SIGNED 8/8/55	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>E. J. Whitney</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-6-55	25c. NAME OF CEMETERY OR CREMATORY Grandview	25d. LOCATION (City, town, or county) (State) Boundary County Idaho
DATE REC'D BY LOCAL REG. 8/8/55	REGISTRAR'S SIGNATURE <i>Paul Powell</i>	26. FUNERAL DIRECTOR <i>E. J. Whitney</i> ADDRESS Bonnors Ferry, Ida.	

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 134

Local Reg. No. 27-55

Reg. Dist. No. 100

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Boundary	a. STATE	Idaho
b. CITY OR TOWN	Bannock Perry	b. COUNTY	Boundary
c. FULL NAME OF HOSPITAL OR INSTITUTION	Community Hospital	c. CITY OR TOWN	Rural Paradise Valley
3. CHILD'S NAME		d. STREET ADDRESS	
((Type or Print))		(If rural, give location)	
IN FANT		Portrey	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year)
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Clyde		b. (Middle) Wayne	
c. (Last) Portrey		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Morrill Nebraska	Logger	Logging
12. MOTHER'S MAIDEN NAME	13. COLOR OR RACE	14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
a. (First) Bertha	b. (Middle) Ina	c. (Last) Portrey	
30 YEARS		Utah	
15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
30 YEARS	a. How many children are now living? 5		
17. INFORMANT		b. How many children were born alive but are now dead? none	
Clyde W. Portrey		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
28 WEEKS	4 LBS. - OZS.	Approximate date	
CAUSE OF STILLBIRTH		20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES	
Central Placenta previa		Premature labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
Central Placenta previa - Hemorrhage		None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at L-A m.		23a. ATTENDANT'S SIGNATURE	
		(Specify if M. D., midwife, or other)	
		R. M. Bonnell M.D.	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL	
8-11-55		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
Burial		8/9/55	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
Grandview		Boundary, Cass, Idaho	
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR ADDRESS	
8-10-55		R. M. Bonnell	
REGISTRAR'S SIGNATURE		27. FUNERAL DIRECTOR ADDRESS	
R. M. Bonnell		E. H. Whitney	

Spencer

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DIVISION OF Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

135

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>CANYON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilder</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>RFD # 2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Clinton</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 7-1953</u>
7. FATHER'S NAME a. (First) <u>BONNIE</u> b. (Middle) <u>LEON</u> c. (Last) <u>CLINTON</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>HEBRON Missouri</u>	11a. USUAL OCCUPATION <u>LABORER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>DELLA</u> b. (Middle) <u>LORRAINE</u> c. (Last) <u>TOOLY</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Vannoy-Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Leon Clinton Father</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Lack of placental growth</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>retained placenta -</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>manual removal placenta</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Hal E. Reynolds M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>Aug 9</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>G. H. D. D.</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug. 9, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Parma</u>	25d. LOCATION (City, town, or county) (State) <u>Parma, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-22-55</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>	26. FUNERAL DIRECTOR <u>G. H. D. D.</u> ADDRESS <u>Pecham-Dakar Chapel</u> <u>Caldwell, Idaho</u>	

SEP 22 1969

1. PLACE OF STILLBIRTH a. COUNTY Caribou		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Caribou	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caribou County Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Infant Hirsbrunner			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21, 1955
7. FATHER'S NAME a. (First) Walter b. (Middle) Herman c. (Last) Hirsbrunner		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Winslow, Illinois	11a. USUAL OCCUPATION Buttermaker	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lucille b. (Middle) Helen c. (Last) Reese		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Wayan, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Lucille Hirsbrunner			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes XX No Approximate date Jan. 21, 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Eugene E. Hirsbrunner M.D.	
23b. DATE SIGNED 24 Aug 1955		23c. ATTENDANT'S ADDRESS Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Arlene Colton		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 7-23-55	REGISTRAR'S SIGNATURE Arlene Colton	25f. FUNERAL DIRECTOR	ADDRESS

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(1949 Revision of Standard Certificate)

SEP 6 1955 CERTIFICATE OF STILLBIRTH

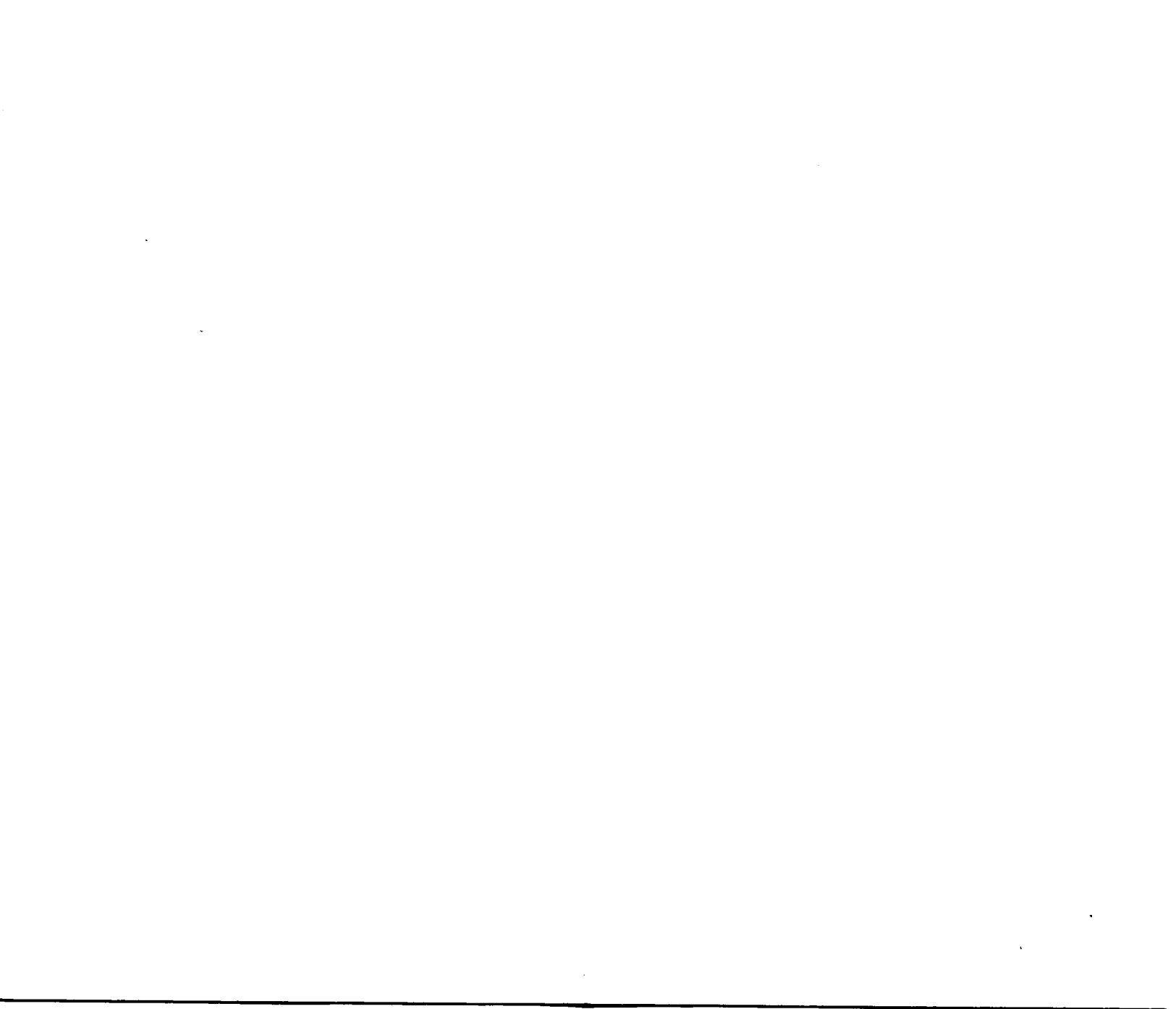
Division of Vital Statistics State of Idaho

State File No. 137

Local Reg. No. 434

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 1234 Occidental Ave.	
3. CHILD'S NAME (Type or Print) Anthony Bradish			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 18, 1955
7. FATHER'S NAME a. (First) Joseph b. (Middle) John c. (Last) Bradish		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Streator, Illinois	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Jean b. (Middle) c. (Last) Denman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Joseph J. Bradish 1234 Occidental Ave Burley, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Mal development of child	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) H. E. Dean M.D.	
23b. DATE SIGNED Aug 22 - 1955		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 8-22-55	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley Idaho
DATE REC'D BY LOCAL REG. 8-31-55	REGISTRAR'S SIGNATURE Iris Van Leunen	26. FUNERAL DIRECTOR Kern B. M. Pullach ADDRESS Burley, Idaho	



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(1949 Revision of Standard Certificate)

SEP 6 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 138

Local Reg. No. 118

Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY Franklin		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Franklin	
b. CITY OR TOWN Preston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dayton	
c. FULL NAME OF HOSPITAL OR INSTITUTION Franklin County Hospital		d. STREET ADDRESS (If rural, give location) Dayton, Idaho.	
3. CHILD'S NAME (Type or Print) BABY BOY MOSER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 25, 1955.
7. FATHER'S NAME a. (First) Jack b. (Middle) Henry c. (Last) Moser		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Preston, Idaho.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Father's Farm
12. MOTHER'S MAIDEN NAME a. (First) Orthea b. (Middle) Cox c. (Last) Moser		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Downey, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT <i>Orson F. Cox</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>congenital Deformities</i>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Leo R. Hawkes M.D.</i>	
		23b. DATE SIGNED 8/29/55	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-26, 1955	25c. NAME OF CEMETERY OR CREMATORY Dayton	25d. LOCATION (City, town, or county) (State) Dayton, Idaho.
DATE REC'D BY LOCAL REG. 8-26-55		26. FUNERAL DIRECTOR ADDRESS Webb Mortuary, Preston, Idaho.	
REGISTRAR'S SIGNATURE <i>Effie W. Brainerd</i>			

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139

Local Reg. No. 6389

Reg. Dist. No. 244

AUG 29 1955

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kamiah</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kamiah</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home - Glenwood dist.</u>		d. STREET ADDRESS (If rural, give location) <u>rural - Glenwood</u>	
3. CHILD'S NAME (Type or Print) <u>Kolelean Amelia Smith</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 20 1955</u>
7. FATHER'S NAME a. (First) <u>Darrel</u> b. (Middle) <u>Dean</u> c. (Last) <u>Smith</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kooskia</u>	11a. USUAL OCCUPATION <u>Mill work</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Darlene</u> b. (Middle) <u>Juanita</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wood River, Illinois</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Darrel Dean Smith</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>(Asphyxia), Due to pressure on cord, Small Cord</u>	
		20b. MATERNAL CAUSES <u>narrow pelvis.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Frank Bruel + Del by P. Mahalia Duvall</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. Harry E. Keli D.D.</u>	
23b. DATE SIGNED <u>Aug 22, 1955</u>		23c. ATTENDANT'S ADDRESS <u>Drangeville Idaho.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Charles Murray</u>		23e. TITLE <u>Kooskia, Ida.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug. 20 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cem.</u>	25d. LOCATION (City, town, or county) (State) <u>Kooskia Idaho</u>
DATE REC'D BY LOCAL REG. <u>8/20/55</u>		26. FUNERAL DIRECTOR <u>Charles Murray</u>	

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AUG 15 1955 CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 140

Local Reg. No. 12

Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bonneville	
b. CITY OR TOWN Rigby		c. CITY OR TOWN Rural Idaho Falls			
c. FULL NAME OF HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS Rte. #3		3 1/2 Mi. S. E.	
3. CHILD'S NAME (Type or Print) Baby WALTERS					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 7, 1955		
7. FATHER'S NAME a. (First) Delbert		b. (Middle) Daune		c. (Last) Walters	
9. AGE (At time of this birth) 27 YEARS		10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho.		11a. USUAL OCCUPATION Laborer	
				11b. KIND OF BUSINESS OR INDUSTRY Farming	
12. MOTHER'S MAIDEN NAME a. (First) Borothy		b. (Middle) Jane		c. (Last) Wilson	
14. AGE (At time of this birth) 18 YEARS		15. BIRTHPLACE (State or foreign country) Hamer, Idaho.		13. COLOR OR RACE White	
17. INFORMANT Delbert Daune Walters		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None		b. How many children were born alive but are now dead? 1	
				c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none			
		20b. MATERNAL CAUSES Transverse arrest & pressure on cord			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Transverse position & amniotic fluid version		22. STATE ALL OPERATIONS FOR DELIVERY Podalic version			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 a.m.		23a. ATTENDANT'S SIGNATURE Charles Hall, M.D.		23b. DATE SIGNED 8 Aug. 55	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 8/8/1955	25c. NAME OF CEMETERY OR CREMATORY Little Butte Cemetery		25d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho.
DATE REC'D BY LOCAL REG. 8/8/55		REGISTRAR'S SIGNATURE Miss A B Coker		26. FUNERAL DIRECTOR Bruce A. Eckenell ADDRESS Rigby, Idaho.	

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AUG 29 1955

(1949 Revision of Standard Certificate)

State File No. 141

Local Reg. No. 307

Reg. Dist. No. 440

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Division of Vital Statistics

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Jerome		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Benedict's Hospital		d. STREET ADDRESS (If rural, give location) 145 East B			
3. CHILD'S NAME (Type or Print) Valrie Joyce Craig					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 22, 1955		
7. FATHER'S NAME a. (First) LeRoy		b. (Middle) Craig		c. (Last) Wh.	
8. COLOR OR RACE Wh.	9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Shoshone, Idaho	11a. USUAL OCCUPATION Apprentice Salesman	11b. KIND OF BUSINESS OR INDUSTRY Insurance	
12. MOTHER'S MAIDEN NAME a. (First) Joyce		b. (Middle) Yvonne		c. (Last) Skiver	
13. COLOR OR RACE Wh.		14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Jerome, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT LeRoy Craig					
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date August 1955			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Polyhydramnios & preeclamsia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:15 p. m.		23a. ATTENDANT'S SIGNATURE James E. Hoar		23b. DATE SIGNED 8-23-55	
23b. ATTENDANT'S ADDRESS Jerome, Ida.		24. SIGNATURE OF AUTHORIZED OFFICIAL Ilka B. Kelly		TITLE Jerome	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 25, 1955	25c. NAME OF CEMETERY OR CREMATORY Jerome Cem.	25d. LOCATION (City, town, or county) (State) Jerome, Idaho		
DATE REC'D BY LOCAL REG. Aug. 23, 1955	REGISTRAR'S SIGNATURE Sister M. Rose, OSS	26. PUBLIC HEALTH DIRECTOR Ilka B. Kelly			

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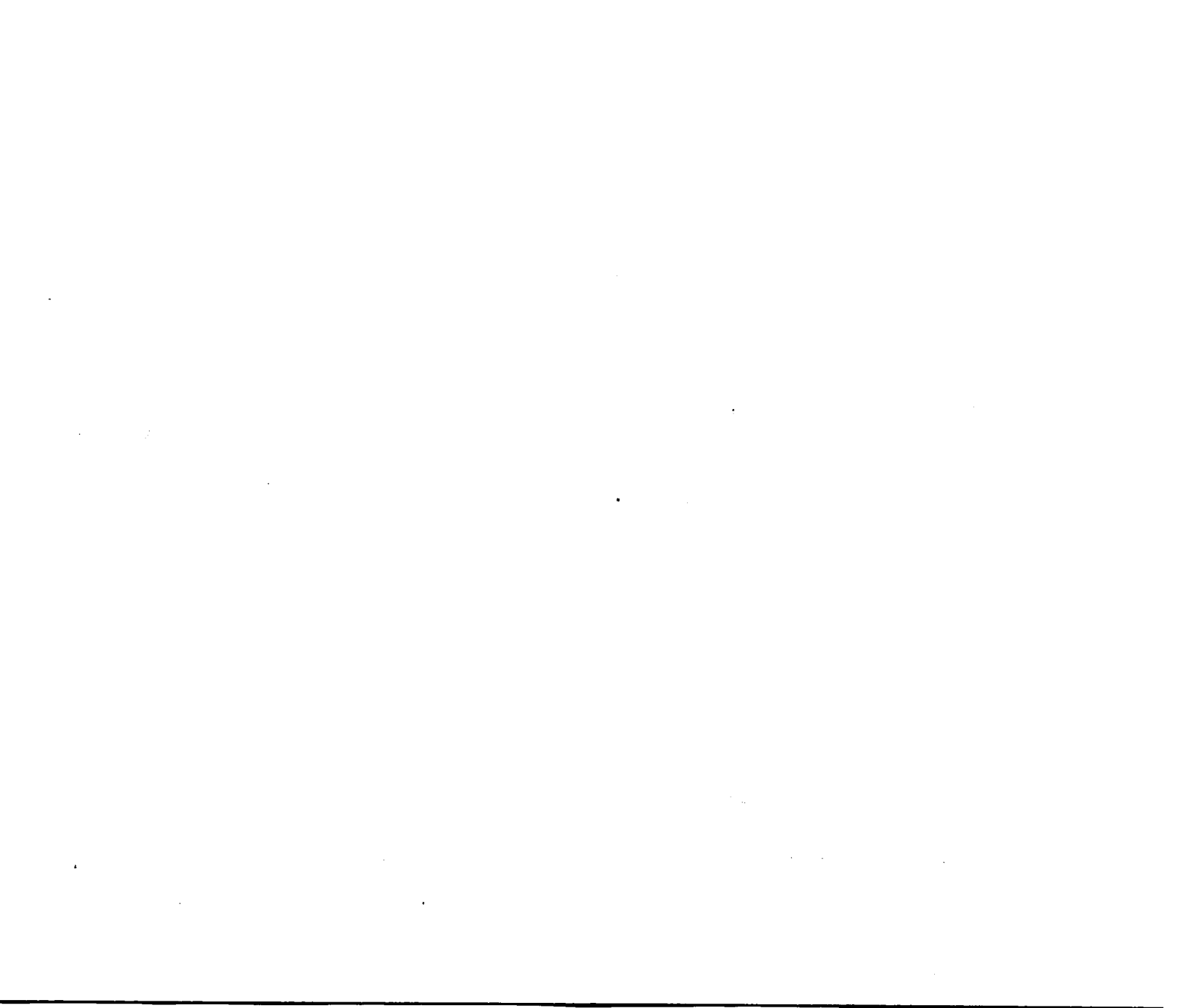
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 142
Local Reg. No. 97
Reg. Dist. No. 220

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Whitman</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Uniontown</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Scharbach</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 28 1955</u>
7. FATHER'S NAME a. (First) <u>Lester</u> b. (Middle) c. (Last) <u>Scharbach</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Devon, Montana</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Gertrude</u> b. (Middle) <u>Ann</u> c. (Last) <u>Weber</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Uniontown, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lester Scharbach</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Rh neg Incompatibility</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh neg High lightening</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:50 p. m.</u>		23a. ATTENDANT'S SIGNATURE <u>Lakeb Stephens M.D.</u>	23b. DATE SIGNED <u>9-2-55</u>
23c. ATTENDANT'S ADDRESS <u>Moscow</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9-1-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Uniontown Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Uniontown Wash.</u>
DATE REC'D BY LOCAL REG. <u>9/8/55</u>	REGISTRAR'S SIGNATURE <u>Lois E. Engel</u>	26. FUNERAL DIRECTOR <u>David R. Tate</u> ADDRESS <u>Moscow, Idaho</u>	



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CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No.

Local Reg. No. 170Reg. Dist. No. 220

143

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY OR TOWN Lewiston		c. CITY OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1513 1/2 G Street	
3. CHILD'S NAME (Type or Print) ROBERT JAMES COLLINS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 1, 1955
7. FATHER'S NAME a. (First) George b. (Middle) E. c. (Last) Collins		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Mt. Idaho, Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) La Dona b. (Middle) c. (Last) Mc Nichols		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Anna Collins</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Cause unknown</i>	
		20b. MATERNAL CAUSES <i>Cause unknown</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Raymond M. Stover M.D.</i>	
23c. ATTENDANT'S ADDRESS <i>527 Burrell - Lewiston, IDA</i>		23b. DATE SIGNED <i>8/2/55</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Nancy Richards</i>		TITLE <i>Dr. Stover</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/3/55	25c. NAME OF CEMETERY OR CREMATOR Normal Hill	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-10-55	REGISTRAR'S SIGNATURE <i>Nancy Richards</i>	26. FUNERAL DIRECTOR <i>Broer-Wann Co.</i> ADDRESS Lewiston, Idaho	

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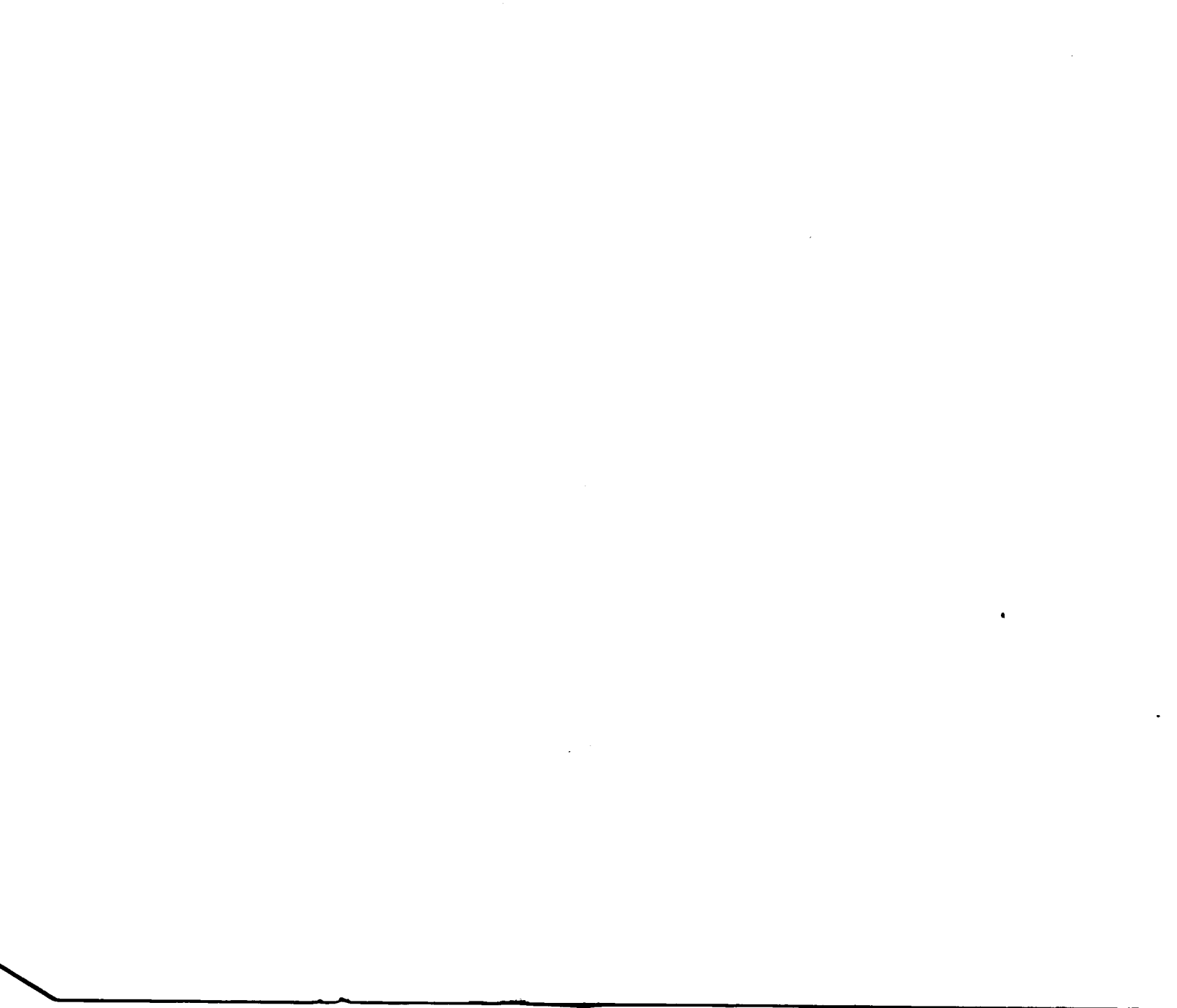
AUG 11 1955 CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 144

Local Reg. No. 168

Reg. Dist. No. 228

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1101 Libby	
3. CHILD'S NAME (Type or Print) BABY BELIOT			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 4, 1955
7. FATHER'S NAME a. (First) HOWARD		b. (Middle) BELIOT	
c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) North Dakota	11a. USUAL OCCUPATION repairman	11b. KIND OF BUSINESS OR INDUSTRY office equipment
12. MOTHER'S MAIDEN NAME a. (First) STELLA		b. (Middle) OPLAND	
c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) North Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anemia	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 15 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John P. Braddock, M.D.	
23b. DATE SIGNED Aug 5, 1955		23c. ATTENDANT'S ADDRESS 207-11th St Lewiston	
24. SIGNATURE OF AUTHORIZED OFFICIAL Nancy Richards		24. SIGNATURE OF AUTHORIZED OFFICIAL W. Merchant	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 8/4/1955	25c. NAME OF CEMETERY OR CREMATORY Vineland	25d. LOCATION (City, town, or county) (State) Clarkston, Washington
DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE Nancy Richards	25e. FUNERAL DIRECTOR W. Merchant	ADDRESS Clarkston, Washington



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AUG 17 1955

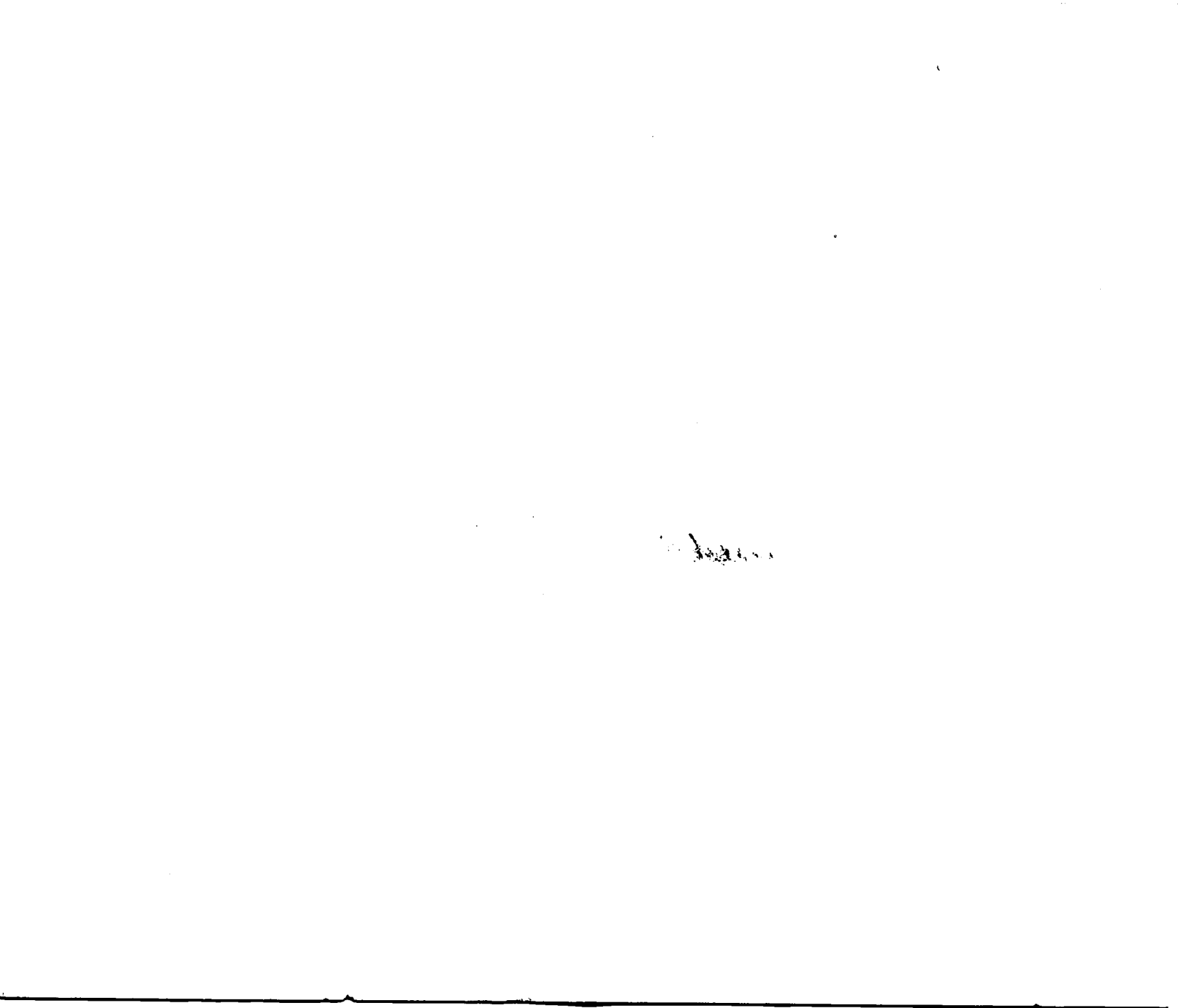
Division of Vital Statistics State of Idaho

State File No. 145

Local Reg. No. 173

Reg. Dist. No. 22A

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Asotin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkston</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Clarkston Heights</u>	
3. CHILD'S NAME (Type or Print) <u>Cathy Lynne Rinard</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 10, 1955</u>
7. FATHER'S NAME a. (First) <u>Albert</u> b. (Middle) <u>Rinard</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Lewiston, Idaho</u>	11a. USUAL OCCUPATION <u>Dental Technician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Violet</u> b. (Middle) <u>Carlson</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Deary, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Robert Rinard</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature Separation of Placenta</u>	
		20b. MATERNAL CAUSES <u>Premature Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Joseph E. Baerbach</u>	
23c. ATTENDANT'S ADDRESS <u>702 11th St. Lewiston, Idaho</u>		23b. DATE SIGNED <u>8/11/55</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>August 12, 1955</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>		25d. LOCATION (City, town, or county) (State) <u>Lewiston, Nez Perce, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>8-11-55</u>		26. DIRECTOR REGISTRAR'S SIGNATURE <u>Randy Richards</u> ADDRESS <u>Clarkston, Washington</u>	



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PHS-797(VS)

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

AUG 29 1955

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

181
224

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 511 Airway Ave.	
3. CHILD'S NAME (Type or Print) DIANE JUDITH CLEMENTS			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 15, 1955
7. FATHER'S NAME a. (First) Mickey b. (Middle) Tyrrell c. (Last) Clements		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Spokane, Washkngton	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) Rose c. (Last) Goodall		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Craigmont, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Mickey & Clements</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb 9 55 Mother	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Intrauterine death - Cause unknown -</i> 20b. MATERNAL CAUSES <i>Not Known</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Twins Premature delivery</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Episiotomy - Outlet Forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Nancy Richards</i>	
23b. DATE SIGNED 8-22-55		23c. ATTENDANT'S ADDRESS	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug. 16, 1955	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG 8-23-55	REGISTRAR'S SIGNATURE <i>Nancy Richards</i>	26. FUNERAL DIRECTOR Brower-Wann Co., By - <i>W. E. Black</i> Lewiston, Idaho	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 147
Local Reg. No. 286
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Washington b. COUNTY Asotin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Asotin	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) Cloverland Free Meth. Church	
3. CHILD'S NAME (Type or Print) Baby Girl Joy			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 26 1955
7. FATHER'S NAME a. (First) Kay b. (Middle) J. c. (Last) Joy		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Minister	11b. KIND OF BUSINESS OR INDUSTRY Free Meth. Church
12. MOTHER'S MAIDEN NAME a. (First) Glenice b. (Middle) White c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT X <i>Nancy J. Joy</i>			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i> 20b. MATERNAL CAUSES <i>Premature labor</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Nancy J. Joy</i> 23c. ATTENDANT'S ADDRESS <i>Lewiston, Idaho</i>	
		23b. DATE SIGNED 8/27/55 24. SIGNATURE OF AUTHORIZED OFFICIAL <i>L. E. DeBann</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/27/55	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 8-27-55		26. FUNERAL DIRECTOR Brower-Wann Co., ADDRESS Lewiston, Idaho	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics

State of Idaho

State File No. 148

Local Reg. No. 37

Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Enanille</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>Enanille Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Doyle Gene Pollard</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 16 1955</u>
7. FATHER'S NAME a. (First) <u>Doyle</u>		b. (Middle) <u>Pollard</u>	c. (Last) <u>White</u>
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Lumber</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lafay</u>		b. (Middle) <u>Caroline</u>	c. (Last) <u>Best</u>
14. AGE (At time of this birth) <u>14</u> YEARS	13. COLOR OR RACE <u>White</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMATION <u>Lafay Pollard</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>11 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Tell & injured abdomen a few days before birth</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none - premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert W. Cordwell, MD</u>	
23b. DATE SIGNED <u>17 Aug 1955</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BIRTHPLACE (State or foreign country) <u>Idaho</u>		25b. DATE <u>8/20/55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>	
DATE REC'D BY LOCAL REG. <u>8/22/55</u>		26. FUNERAL DIRECTOR ADDRESS <u>Ruth M. Glad Kellogg Idaho</u>	

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(1949 Revision of Standard Certificate)
AUG 23 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 1-19
Local Reg. No. 225
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route # 3	
3. CHILD'S NAME (Type or Print) Christine Ann Jensen			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 6, 1955
7. FATHER'S NAME a. (First) Gerald b. (Middle) Soren c. (Last) Jensen		8. COLOR OR RACE white	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Buhl, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Janice b. (Middle) Ruth c. (Last) Ramsey		13. COLOR OR RACE white	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Filer, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Dr. [Signature]</i>			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH Approximate date: 10 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Erythroblastosis fetalis</i>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:47 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i> M.D.	23b. DATE SIGNED 7/6/55
23c. ATTENDANT'S ADDRESS Filer, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug 8, 1955	25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery	25d. LOCATION (City, town, or county) (State) Buhl Idaho
DATE REC'D BY LOCAL REG. AUG 18 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Buhl, Idaho

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(1949 Revision of Standard Certificate)
AUG 22 1955
CERTIFICATE OF STILLBIRTH
Division of Vital Statistics State of Idaho

State File No. 150
Local Reg. No. 816
Reg. Dist. No. 460

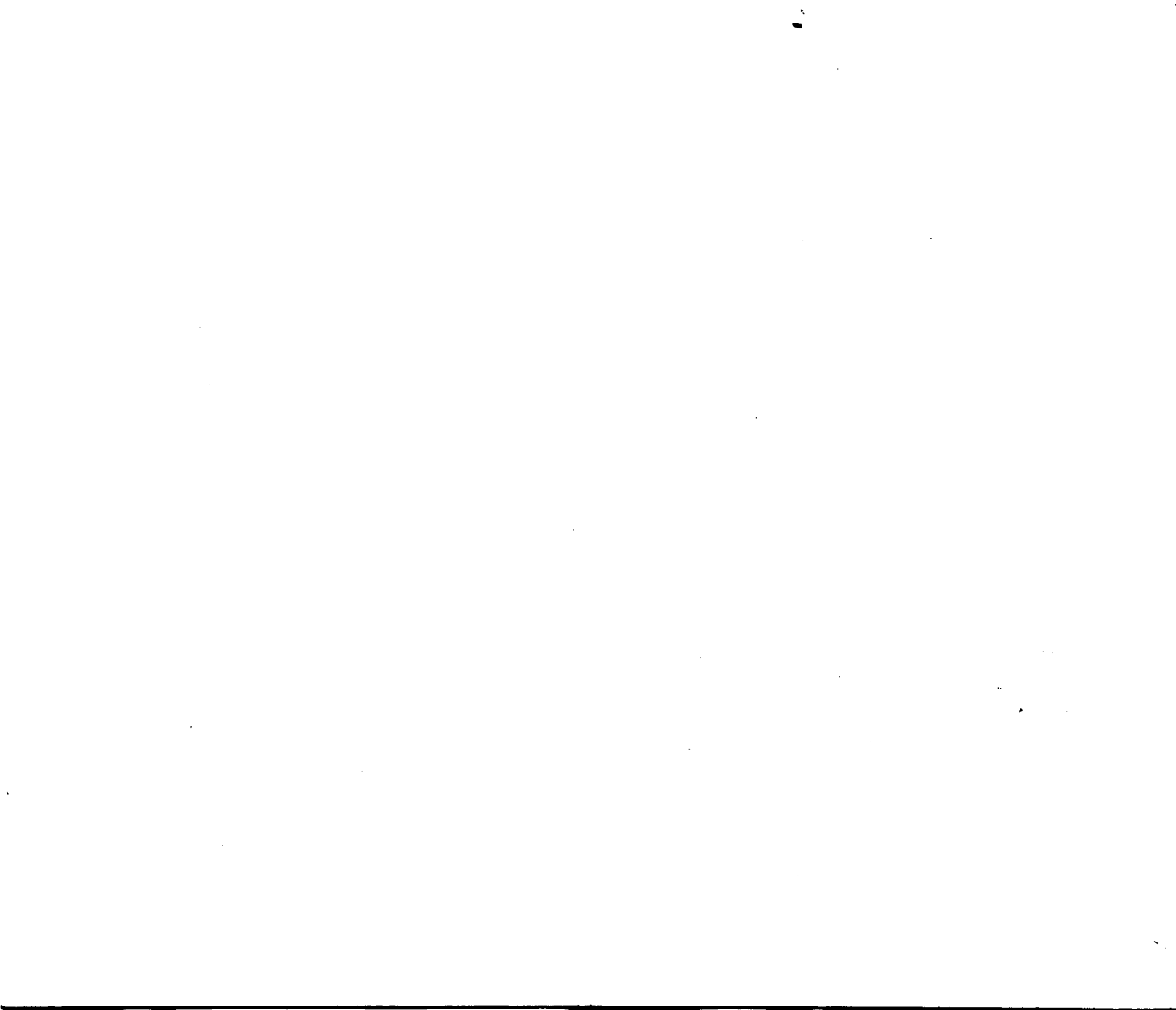
1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Murtough</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Q7D</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy McCoy</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8-9-55</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>E</u> c. (Last) <u>McCoy</u>		8. COLOR OR RACE <u>w</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Jerome, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>st</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Na Deane</u> b. (Middle) <u>K</u> c. (Last) <u>Sumner</u>		13. COLOR OR RACE <u>w</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nagerman Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>William E McCoy</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>15 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placental Insufficiency due to fibrosis</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Retained Placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Outlet forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>322 P</u> m.		23a. ATTENDANT'S SIGNATURE <u>Susan S. Durham MD</u>	23b. DATE SIGNED <u>8/9/55</u>
23c. ATTENDANT'S ADDRESS <u>Twin Falls</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Phillips</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Aug 10 1955</u>	25c. NAME OF CEMETERY, OR CREMATORY <u>Twin Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug 16, 1955</u>	REGISTRAR'S SIGNATURE <u>Lenora</u>	26. FUNERAL DIRECTOR <u>J. Phillips</u> ADDRESS <u>Twin Falls</u>	

PHS-797 (Rev. 4-48)
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
RECEIVED
SEP 27 1955

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 151
Local Reg. No. 299
Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Alphonse</u>		d. STREET ADDRESS (If rural, give location) <u>303 S. Garden</u>	
3. CHILD'S NAME (Type or Print) <u>John Michael Siegrist</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 13 1955</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Siegrist</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Eldorado Kansas</u>	11a. USUAL OCCUPATION <u>Boeing Aircraft</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Inspector</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) <u>G.</u> c. (Last) <u>Miller</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Eldorado, Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>John William Siegrist</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold B. Hulme</u> 23b. DATE SIGNED <u>14 Sept. 1955</u>	
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 14 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>9-19-55</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson-- Boise</u> <u>Daniel R. Gibson</u>	

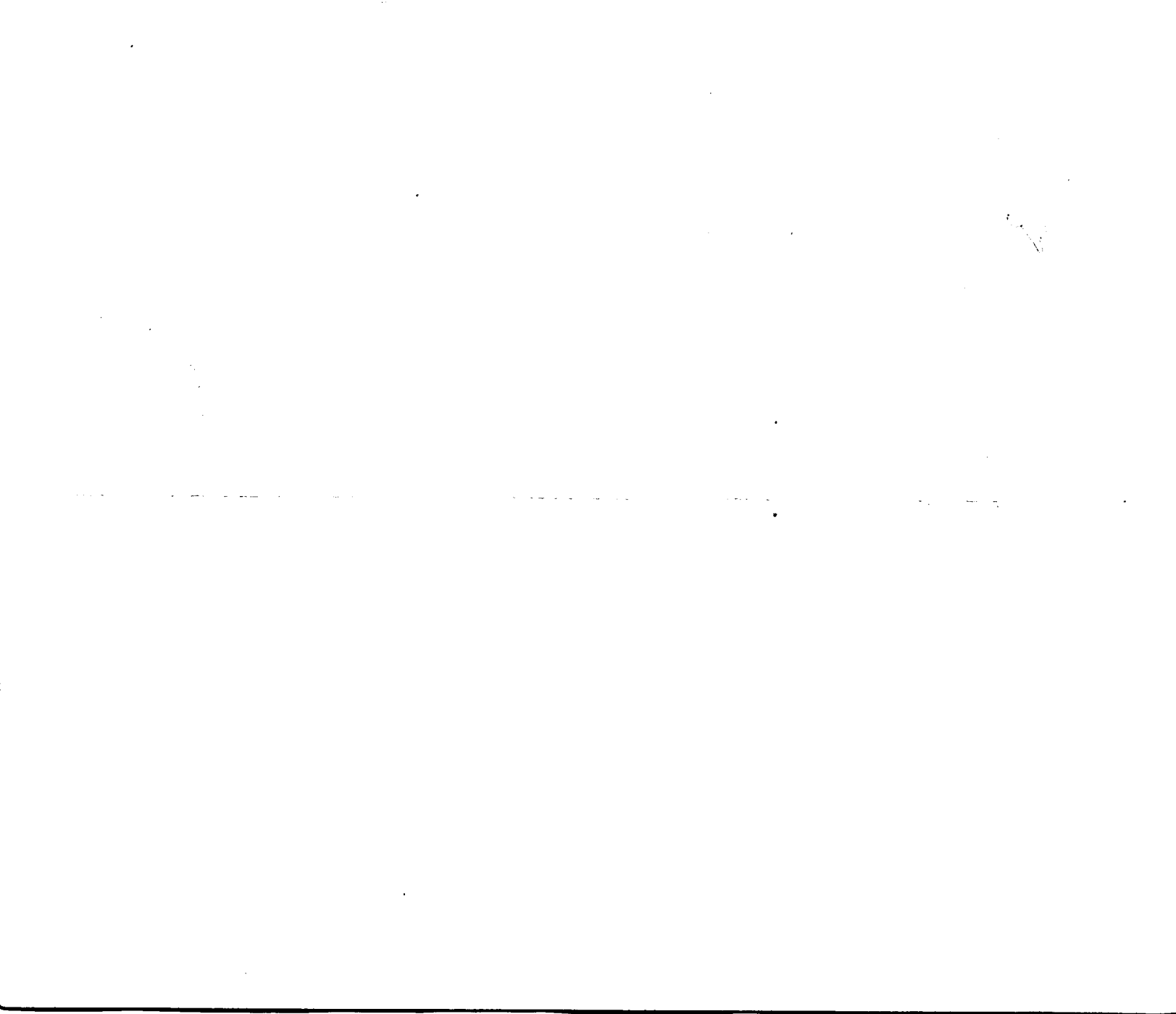


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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 152
Local Reg. No. 208
Reg. Dist. No. 511

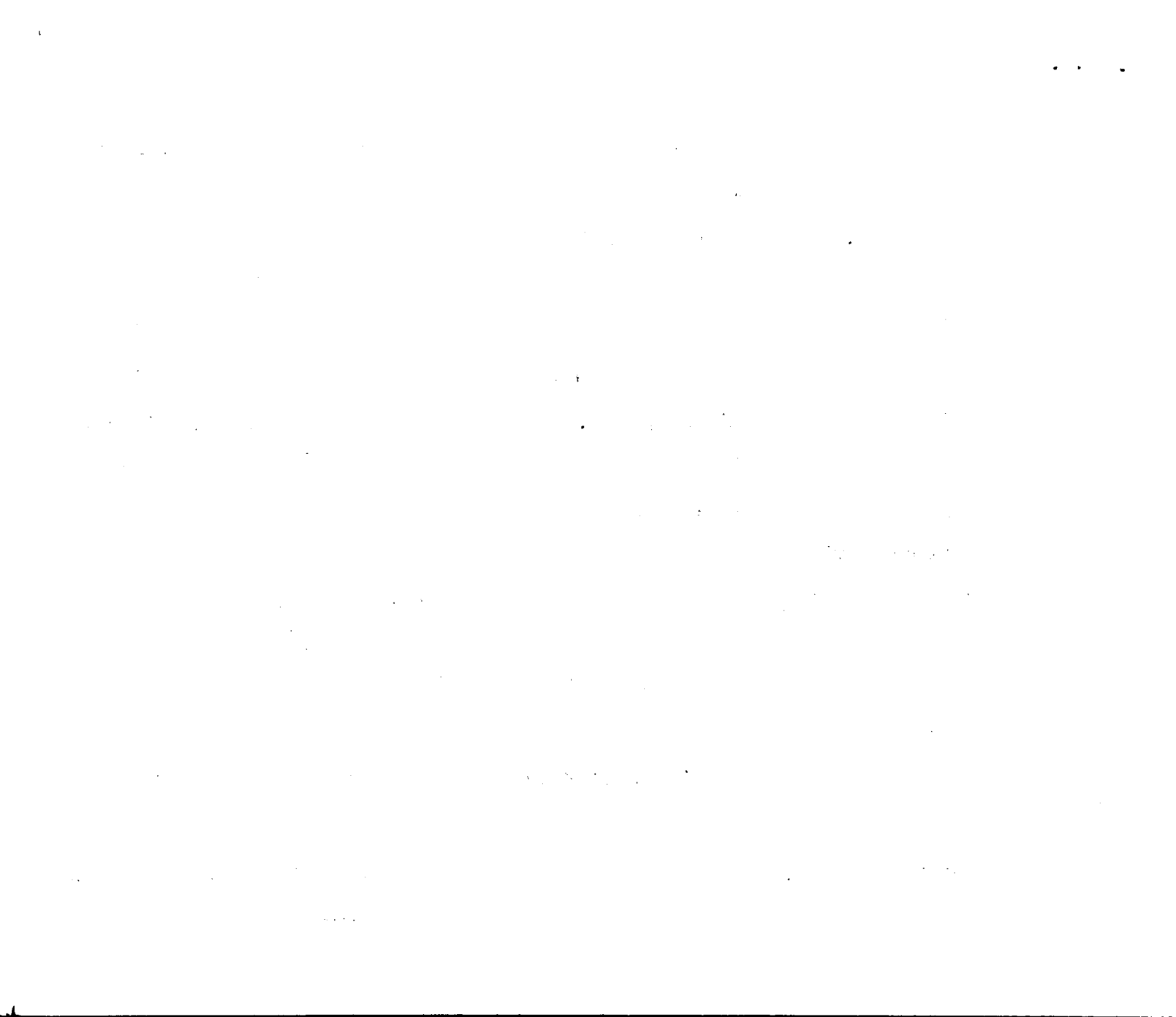
1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft. Hall</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL BALLARD</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 19, 1955</u>
7. FATHER'S NAME a. (First) <u>VIDAL</u> b. (Middle) <u>FELIX</u> c. (Last) <u>BALLARD</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>45</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ft. Hall, Idaho</u>	11a. USUAL OCCUPATION <u>Rancher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Effie</u> b. (Middle) c. (Last) <u>Matsaw</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ft. Hall, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>Two</u>	
17. INFORMANT <u>Effie Ballard, Mother</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>11</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>General Toxemia</u> 20b. MATERNAL CAUSES <u>Diabetes. albumin. Hypertension</u> <u>T.B.C.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:10 a. m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>9-2-55</u>
23c. ATTENDANT'S ADDRESS <u>Pocatello</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>June 19, 1955</u>	25b. DATE <u>June 19, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL CEMETERY</u>	25d. LOCATION (City, town, or county) (State) <u>FORT HALL IDAHO</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>2-23-55 Eva M. Wallin</u>		26. FURNERIAL DIRECTOR <u>[Signature]</u> ADDRESS <u>510 North 12th Pocatello, Idaho</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 153
Local Reg. No. 203
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>560 West Fremont</u>		
3. CHILD'S NAME (Type or Print) <u>GARVIN</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>14</u> <u>55</u>		
7. FATHER'S NAME a. (First) <u>Max</u> b. (Middle) <u>Lane</u> c. (Last) <u>Garvin</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bellingham, Wash.</u>	11a. USUAL OCCUPATION <u>Manager</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Rena Ware Distributors</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Arlene</u> b. (Middle) <u>Lanore</u> c. (Last) <u>Cobb</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wallowa, Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>			
17. INFORMANT <u>Arlene Garvin</u>					
18a. LENGTH OF PREG-NANCY <u>12</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>15</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1955</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown - mummified fetus.</u>			
		20b. MATERNAL CAUSES <u>None apparent.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:14 P.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. R. Pearson M.D.</u>		23b. DATE SIGNED <u>10 Sept 1955</u>	
		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>D. W. Zapp</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jul. 15, '55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>		25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>	
DATE REC'D BY LOCAL REG. <u>SEP 13 1955</u>		REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>		26. FUNERAL DIRECTOR ADDRESS <u>Downard Mortuary Pocatello, Idaho</u>	



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(1949 Revision of Standard Certificate)

SEP 23 1955

CERTIFICATE OF STILLBIRTH

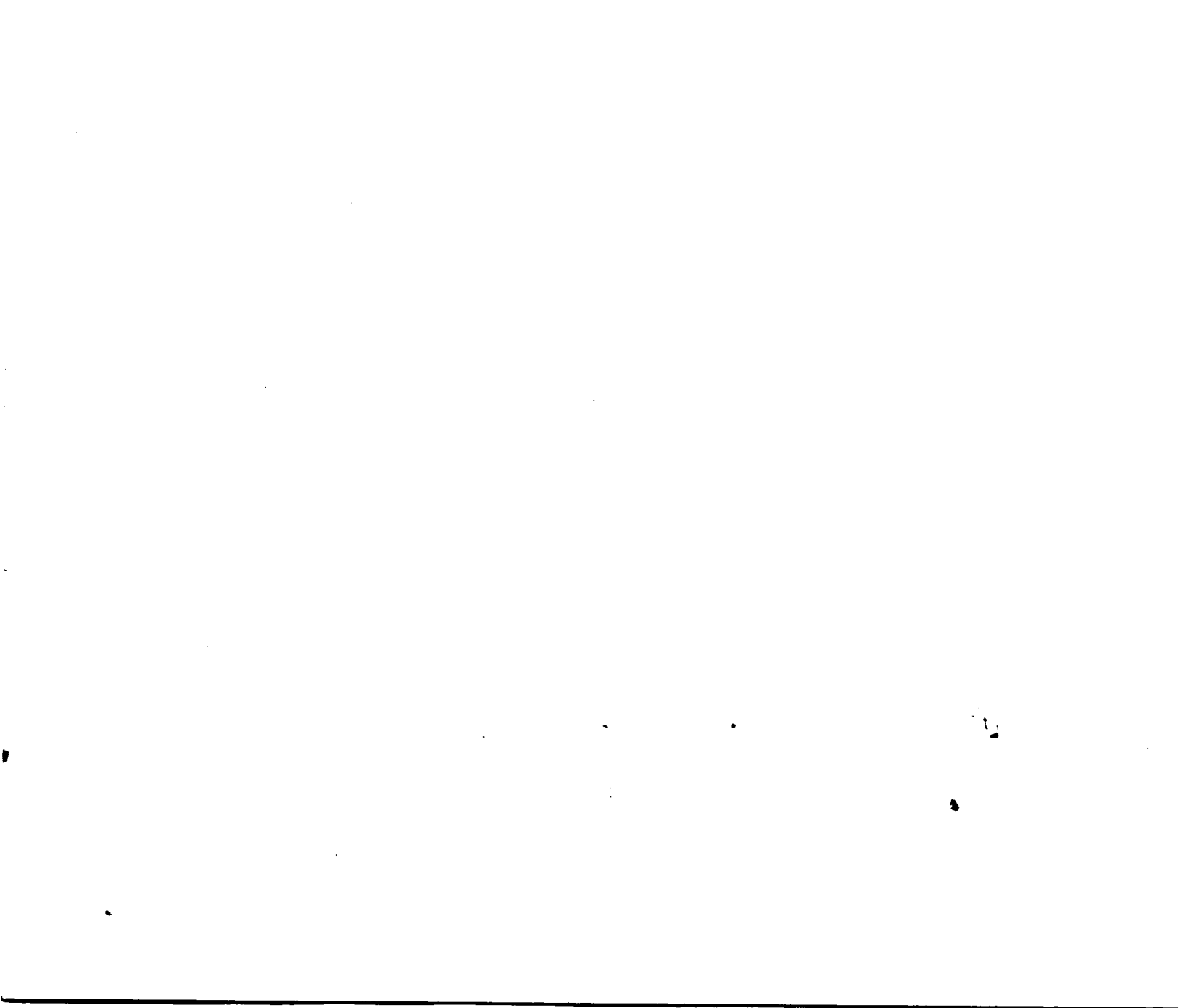
State of Idaho

State File No. 154

Local Reg. No. 575

Reg. Dist. No. 575

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montpelier Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Idaho</u>	
c. FULL NAME OF (if not in hospital or institution, give street address or location) <u>Bear Lake Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Baby Boy Slight</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 24, 1955</u>
7. FATHER'S NAME a. (First) <u>Ivan</u> b. (Middle) <u>Slight</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tara, Idaho</u>	11a. USUAL OCCUPATION <u>Merchant</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Hazel</u> b. (Middle) <u>Robinson</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Ivan Slight</u>			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4-12-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cable, knotted cord</u>	
		20b. MATERNAL CAUSES <u>P. - eclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>P. eclampsia - Stillbirth</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4</u> p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Rita L. Leland</u>	23b. DATE SIGNED <u>Aug 25, 1955</u>
23c. ATTENDANT'S ADDRESS <u>Montpelier, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Thelma Montpelier</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>Aug 26, 55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Tara Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Tara, Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/15/55</u>	REGISTRAR'S SIGNATURE <u>W. H. Young</u>	26. FUNERAL DIRECTOR <u>Thelma Montpelier</u>	



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(1949 Revision of Standard Certificate)

SEP 29 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 155

Local Reg. No. 20

Reg. Dist. No. 30

1. PLACE OF STILLBIRTH a. COUNTY <i>Benedict</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Benedict</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Maries</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Santa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Maries Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby RENFRO</i>			
4. SEX <i>Boy</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>9 7 55</i>
7. FATHER'S NAME a. (First) <i>John</i> b. (Middle) <i>-</i> c. (Last) <i>Renfro</i>		8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) <i>29</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Idaho</i>	11a. USUAL OCCUPATION <i>Logger</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Lumber</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Mildred</i> b. (Middle) <i>Evelyn</i> c. (Last) <i>Ashbury</i>		13. COLOR OR RACE <i>W</i>	
14. AGE (At time of this birth) <i>29</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>John Renfro</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Severe Anemia</i>	
		20b. MATERNAL CAUSES <i>Rh neg.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>10:35 A.m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>E. J. Sullivan, M.D.</i>	
		23b. DATE SIGNED <i>12 Sept 55</i>	
23c. ATTENDANT'S ADDRESS <i>St. Maries, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>9-10-55</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Woodsland</i>	25d. LOCATION (City, town, or county) (State) <i>St. Maries Idaho</i>
DATE REC'D BY LOCAL REG. <i>9-24-55</i>	REGISTRAR'S SIGNATURE <i>Helen E. Smith</i>	26. FUNERAL DIRECTOR <i>Gerald Browning</i> ADDRESS <i>St. Maries Idaho</i>	

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#2 SEP 19 1955

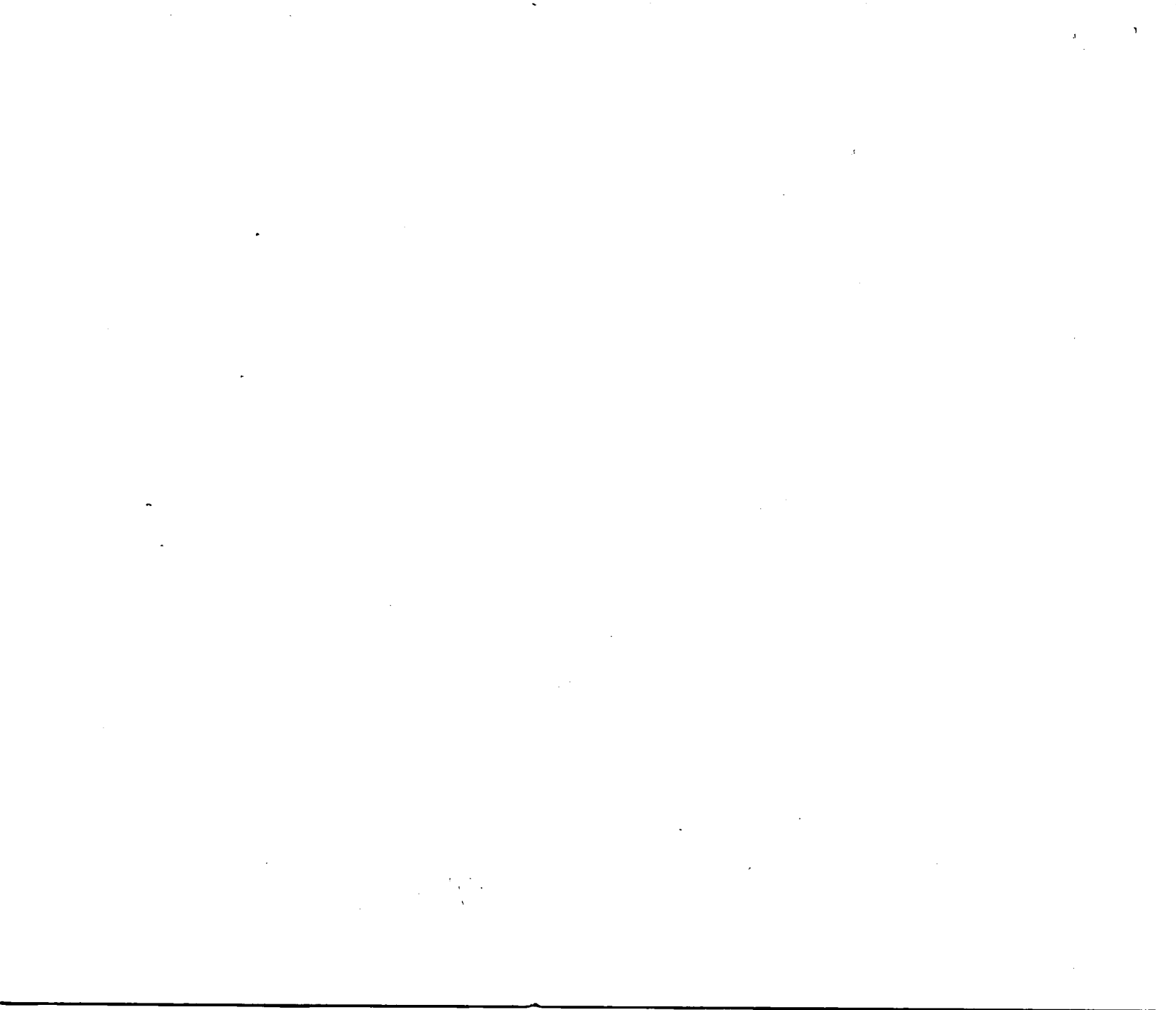
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 156
Local Reg. No. 3
Reg. Dist. No. 110

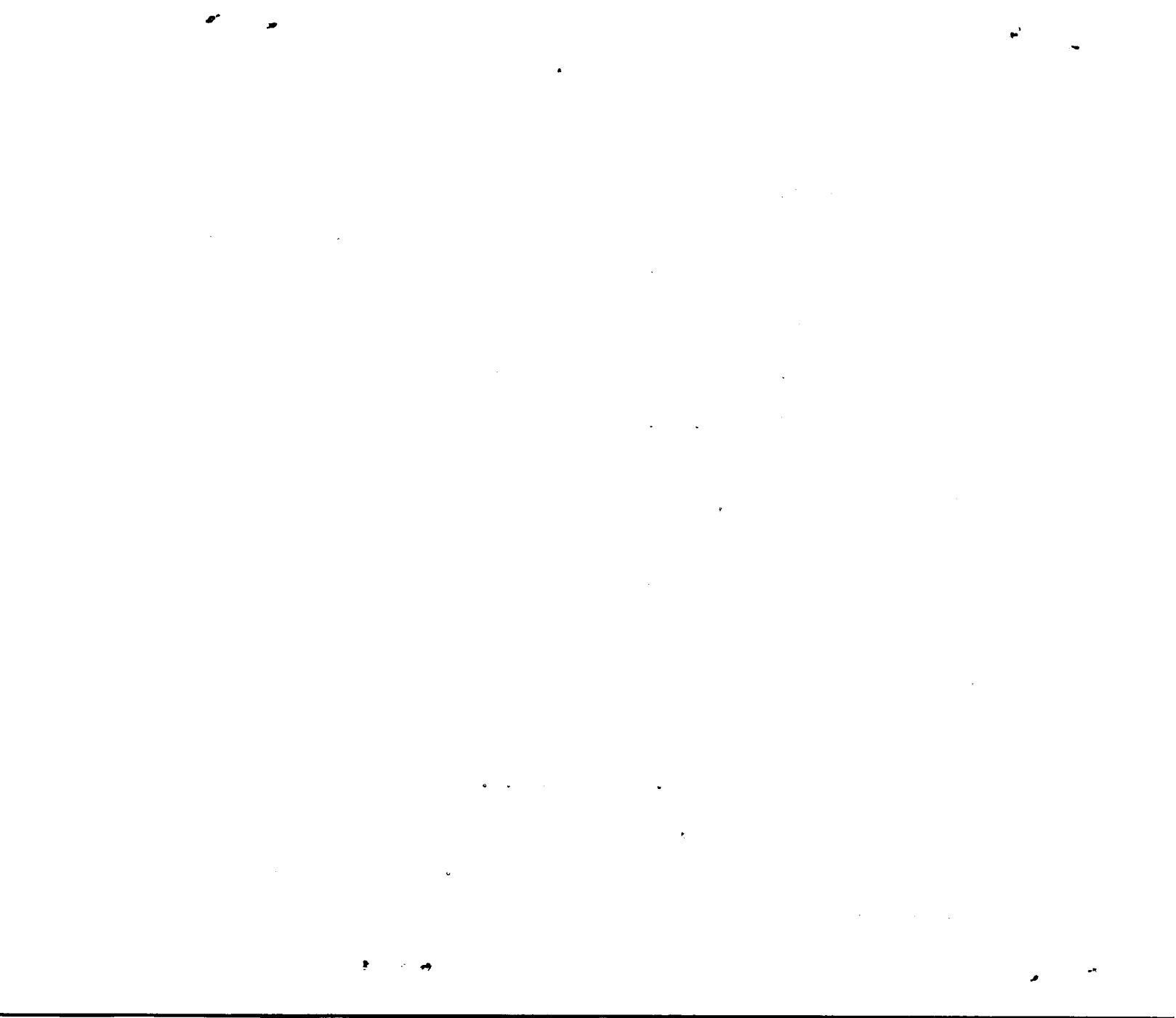
1. PLACE OF STILLBIRTH a. COUNTY Bonner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bonner General Hospital		d. STREET ADDRESS (If rural, give location) 1007 Lake St.	
3. CHILD'S NAME (Type or Print) Infant Kincaid			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept 6, 1955
7. FATHER'S NAME a. (First) Elmo		b. (Middle) Kincaid Jr. c. (Last) White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Ferdinand Idaho	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME a. (First) Rhoda Youngberg		b. (Middle) White c. (Last) White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Borneo	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT <i>Mrs. E. H. Kincaid</i>			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 17, 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined	
		20b. MATERNAL CAUSES Pre-eclampsia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:00 A.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Delbert Peterson M.D.</i>	
		23b. DATE SIGNED 9/10/55	
23c. ATTENDANT'S ADDRESS Sandpoint, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept 7, 1955	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG Sept 14, 1955		26. FUNERAL DIRECTOR <i>Grace Ralph</i> ADDRESS <i>Lee Moore Jr</i>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **157**
Local Reg. No. **4**
Reg. Dist. No. **110**

1. PLACE OF STILLBIRTH a. COUNTY Bonner b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural d. STREET ADDRESS (If rural, give location) Box 573, Sandpoint, Idaho		
3. CHILD'S NAME (Type or Print) Baby Girl Dunn					
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 13 55
7. FATHER'S NAME a. (First) James b. (Middle) Martin c. (Last) Dunn		8. COLOR OR RACE White			
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Oliver Co., N.Dakota		11a. USUAL OCCUPATION Logger		11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Marie c. (Last) Walseth		13. COLOR OR RACE White			
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Madison, Minnhesota		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT Helen Dunn					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 5-9-55			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prolapsed cord 20b. MATERNAL CAUSES Prolapsed cord			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY Caesarian section		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Helen E. Peterson, M.D.		23b. DATE SIGNED	
		23c. ATTENDANT'S ADDRESS Sandpoint, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY Bonner General Hosp.		25d. LOCATION (City, town, or county) (State) Sandpoint	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct. 5, 1955 Grace Ralph		26. FUNERAL DIRECTOR ADDRESS			



David Smith

PHS-797 (Rev. 4-48)
FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 158
Local Reg. No. 185
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Colby</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 13-1955</u>
7. FATHER'S NAME a. (First) <u>Isaac</u> b. (Middle) <u>Ranston</u> c. (Last) <u>Colby</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Goshen - Idaho</u>	11a. USUAL OCCUPATION <u>laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Erma</u> b. (Middle) <u>Jean</u> c. (Last) <u>Hines</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?	
17. INFORMANT <u>Isaac Ranston Colby</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>9</u>	18b. WEIGHT AT BIRTH LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cord Compression</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>David H. Smith, M.D.</u>	
		23b. DATE SIGNED <u>1-16-55</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho Falls Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 13, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept 19 1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>Geo. A. Williams</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. _____
Local Reg. No. 195
Reg. Dist. No. 6/D

159

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN _____		c. CITY OR TOWN <u>Rural, Terreton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10 Miles North West of Terreton</u>	
3. CHILD'S NAME (Type or Print) <u>MARTHA ANN MITCHELL</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 16, 1955</u>
7. FATHER'S NAME a. (First) <u>Alexander</u> b. (Middle) <u>Sandy</u> c. (Last) <u>Mitchell</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>52</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Canada</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) _____ c. (Last) <u>Hawley</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>46</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>8</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Sandy Mitchell</u>			
18a. LENGTH OF PREGNANCY WEEKS _____	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cause undetermined - 8th month gestation</u> 20b. MATERNAL CAUSES <u>Cause undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR _____		22. STATE ALL OPERATIONS FOR DELIVERY _____	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>W E Guy Jr M.D.</u> 23b. DATE SIGNED <u>9/19/55</u> 23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 19, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fielding Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Bonneville County Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept. 24-1955</u>		26. FUNERAL DIRECTOR <u>Olson & Suck</u> ADDRESS <u>Idaho Falls, Idaho</u>	

W. E. Bayard, M. A.

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OCT 13 1955

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 160

Local Reg. No. 54

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	CANTON	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township)	Caldwell	b. COUNTY	CANTON
c. FULL NAME OF HOSPITAL OR INSTITUTION	Caldwell Memorial	c. CITY (If outside corporate limits, write RURAL and give township)	PARMA
		d. STREET ADDRESS	Box 625

3. CHILD'S NAME
(Type or Print) JAMES ALLEN GREEN

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
MALE	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	September 25-1955

7. FATHER'S NAME	8. COLOR OR RACE
MERLE LAMONTE GREEN	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Loise-Idaho	WATCH-MAKER	JEWELER

12. MOTHER'S MAIDEN NAME	13. COLOR OR RACE
MARGARET ANGELINE HEDGES	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
26 YEARS	Caldwell-Idaho	a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT	18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Margaret Green - mother	WEEKS	8 LBS. 0 OZS.	Approximate date 2.10.55

20a. FETAL CAUSES	20b. MATERNAL CAUSES
	Anoxia - Abruptio Placentae

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Abruptio placentae	Caesarian section

23a. ATTENDANT'S SIGNATURE	23b. DATE SIGNED
J. H. H. M. D.	9.26.55

23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL	25. LOCATION (City, town, or county)	26. LOCATION (State)
PARMA, IDAHO	J. H. H. M. D.	PARMA	IDAHO

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	25e. LOCATION (State)
BURIAL	SEPT. 28, 1955	PARMA CEMETERY	PARMA	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR'S ADDRESS
9-30-55	Agnes M. Denman	J. H. H. M. D. CALDWELL, IDAHO

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 161
Local Reg. No. 12
Reg. Dist. No. 3.6.2

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nampa</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mercy Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nampa</u> d. STREET ADDRESS (If rural, give location) <u>511 20th Ave. No.</u>	
3. CHILD'S NAME (Type or Print) <u>RUTH ELIZABETH GILLMORE</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 20, 1955</u>	
7. FATHER'S NAME a. (First) <u>Kenneth</u> b. (Middle) <u>Gillmore</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cherryville, Kansas</u>	11a. USUAL OCCUPATION <u>Lab.</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. P. R. R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joyce</u> b. (Middle) <u>Rudolph</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Los Angeles, Calif.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Kenneth Gillmore</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Embryotheliosis + eclampsia in 4th drops.</u>		20a. FETAL CAUSES <u>Pl. Negative factor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>	23b. DATE SIGNED <u>9/25/55</u>
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE <u>Alsip Funeral Chapel, Nampa, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 21, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 15, 1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>Alsip Funeral Chapel, Nampa, Idaho</u>	

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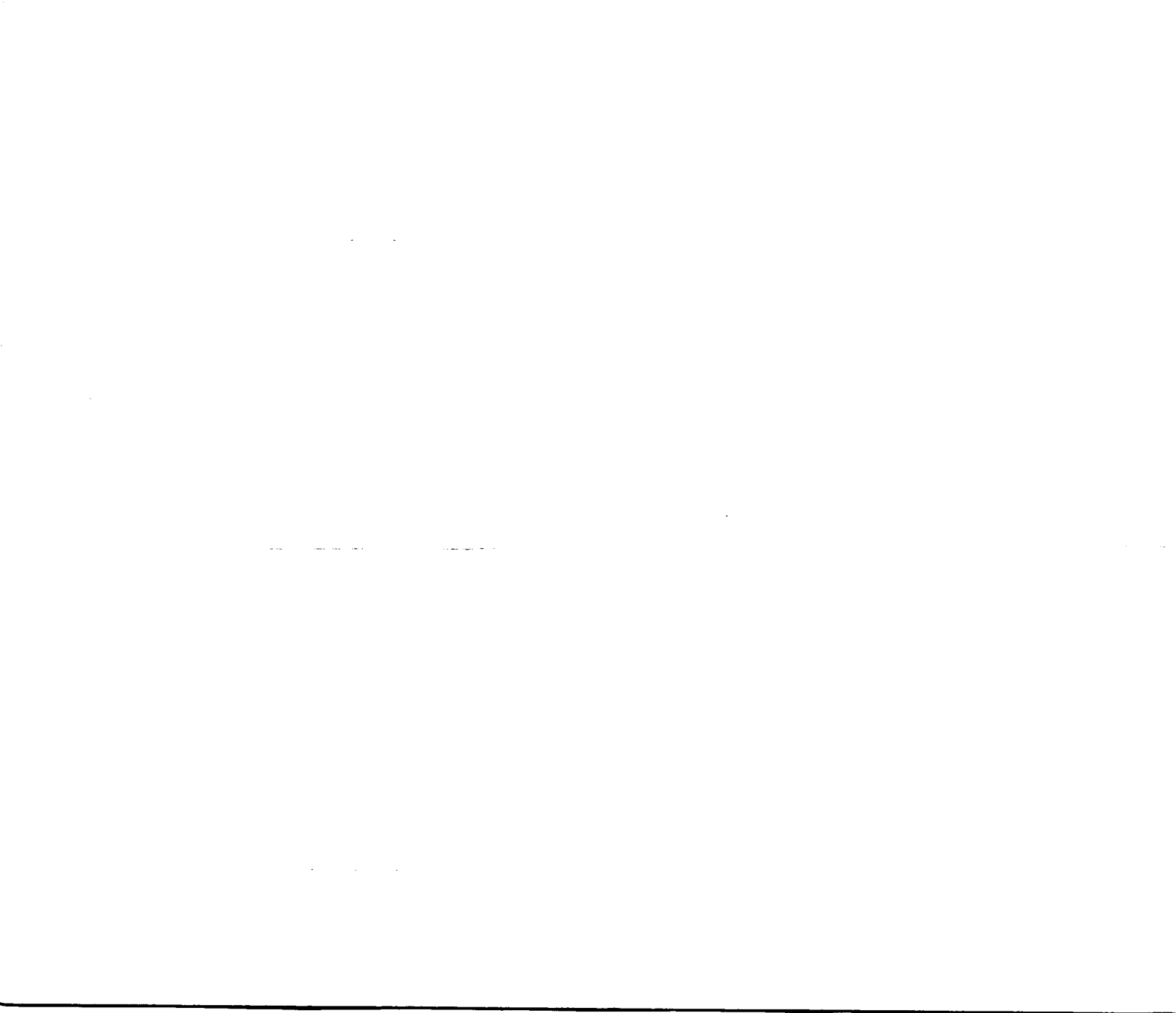
SEP 21 1955

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 162
Local Reg. No. 437
Reg. Dist. No. 470

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley Rural	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) R. F. D. # 1	
3. CHILD'S NAME (Type or Print) Baby Crane			
4. SEX Boy	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 10, 1955
7. FATHER'S NAME a. (First) Ralph b. (Middle) Boyd c. (Last) Crane		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Burley, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Elva b. (Middle) Verness c. (Last) Mooso		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Declo, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Ralph B. Crane			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 24, 1923	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Obstruction of circulation through umbilical		20b. INTERNAL CAUSES Cord due to true knot & wrapped around fetal neck 3 times	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 A.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. P. Sutton M.D.	
23b. DATE SIGNED 9-13-55		23c. ATTENDANT'S ADDRESS Burley Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL J. Garth Payne		TITLE REGISTERAR	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9/10/55	25c. NAME OF CEMETERY OR CREMATORY Family Farm	25d. LOCATION (City, town, or county) (State) R. F. D. Burley, Idaho
DATE REC'D BY LOCAL REG. 9-30-55		26. FUNERAL DIRECTOR J. Garth Payne ADDRESS Burley	



1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Victor</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Teton</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Rowe</u>			
4. SEX <u>7</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept 13 1955</u>
7. FATHER'S NAME a. (First) <u>Cleo</u> b. (Middle) <u>Fred</u> c. (Last) <u>Rowe</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Los Angeles, Cal</u>	11a. USUAL OCCUPATION <u>Self employed Motel Owner</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marjorie</u> b. (Middle) <u>La Fern</u> c. (Last) <u>Thomas</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Downey, Ill.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Cleo F Rowe</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>March, 55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prolypse of cord</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prolypse of cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:10</u> A.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. J. H. C. Jensen M.D.</u>	
23b. DATE SIGNED <u>9-13-55</u>		23c. ATTENDANT'S ADDRESS <u>Driggs Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Driggs Idaho</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Sept 14-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>M. C. Cammer</u>	25d. LOCATION (City, town, or county) (State) <u>M. C. Cammer Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept 15-55</u>		26. FUNERAL DIRECTOR ADDRESS <u>Driggs Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **164**
Local Reg. No. **84**
Reg. Dist. No. **620**

1. PLACE OF STILLBIRTH a. COUNTY Teton		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Teton	
b. CITY OR TOWN Driggs		c. CITY OR TOWN Driggs	
c. FULL NAME OF HOSPITAL OR INSTITUTION Teton Valley Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Butler			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 25 1955
7. FATHER'S NAME a. (First) Jay b. (Middle) Dell c. (Last) Butler		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Driggs, Idaho	11a. USUAL OCCUPATION Merchant	11b. KIND OF BUSINESS OR INDUSTRY Grocery Store
12. MOTHER'S MAIDEN NAME a. (First) Hazel b. (Middle) Carlson c. (Last) Carlson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Alta, Wyo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Jay Dell Butler - Father			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May - 55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Lack of circulation - cord due to being wrapped around neck several times and short cord.		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE La Grande C. Lamm, M.D. 23b. DATE SIGNED 9-25-55	
23c. ATTENDANT'S ADDRESS Driggs, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept 25 1955	25c. NAME OF CEMETERY OR CREMATORY Driggs	25d. LOCATION (City, town, or county) (State) Driggs Idaho
DATE REC'D BY LOCAL REG. Oct 1 - 1955		26. FUNERAL DIRECTOR ADDRESS Shelw Driggs	

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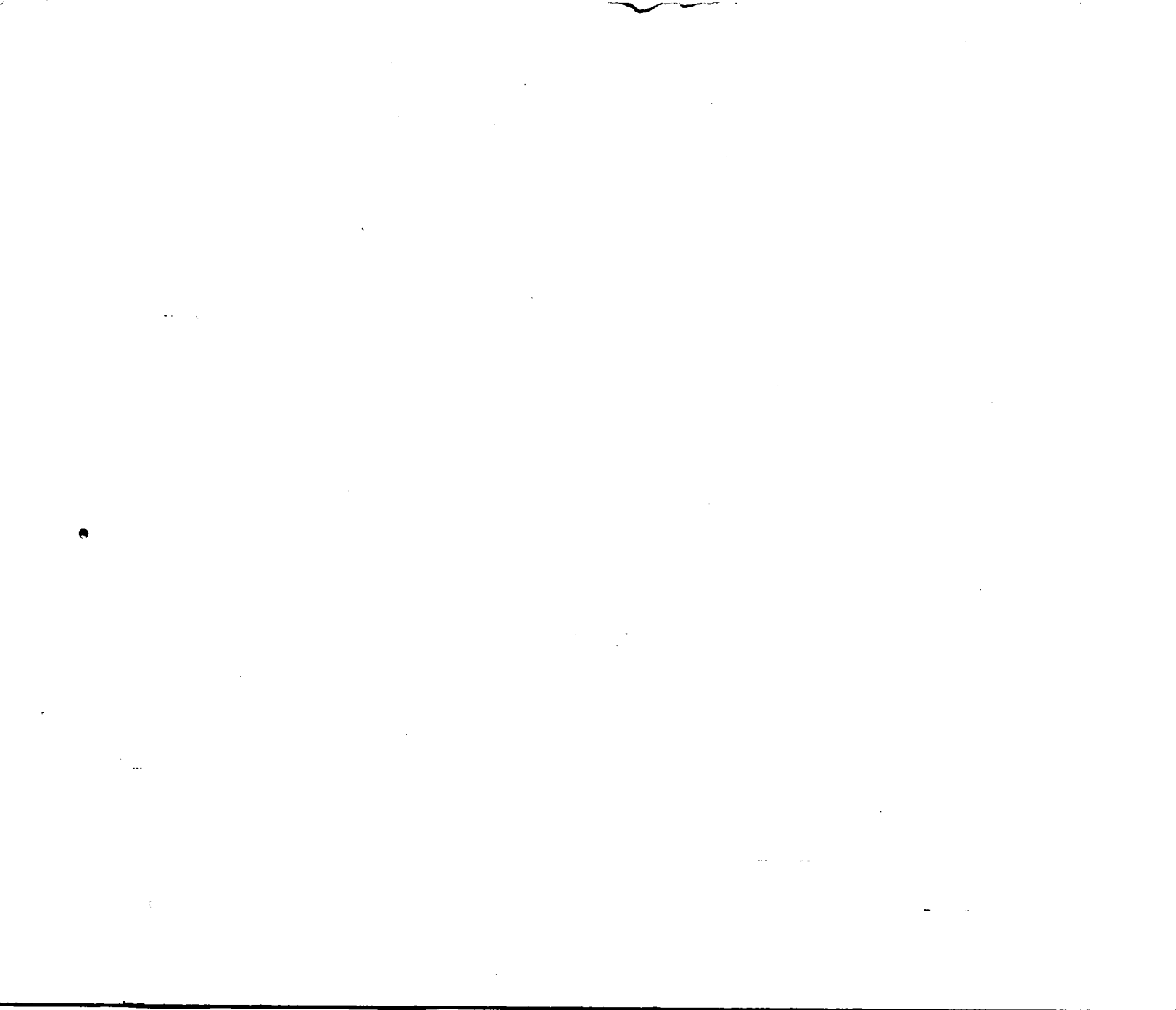
OCT 8 1955

Dr. Hancher
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 165
Local Reg. No. 17
Reg. Dist. No. 320

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial		d. STREET ADDRESS (If rural, give location) 638 W. Commercial	
3. CHILD'S NAME (Type or Print) DAVID ALLEN BRAUN			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9-10-1955
7. FATHER'S NAME a. (First) Musty b. (Middle) Braun c. (Last) Braun		8. COLOR OR RACE white	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) North Dakota April 19, 1917	11a. USUAL OCCUPATION Musician	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Marion b. (Middle) Beckman c. (Last) Beckman		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Moscow, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Musty Braun			
18a. LENGTH OF PREGNANCY 24-26 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 6/25/55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity with Premature Separation of Placenta		
	20b. MATERNAL CAUSES Toxaemia & Albuminuria, Oedema & Hypertension		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abnormal - Pre Partum		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:35 P. m.		23a. ATTENDANT'S SIGNATURE Hyden Hancher, M.D.	23b. DATE SIGNED 9-23-55
		23c. ATTENDANT'S ADDRESS Weiser, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Marie Hawthorn TITLE Public Health Nurse
25a. BURIAL, CREMATION, REMOVAL (Specify) cremation	25b. DATE 9-23-55	25c. NAME OF CEMETERY OR CREMATORY Northam-Jones	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 9-23-55	REGISTRAR'S SIGNATURE Marie Hawthorn	26. FUNERAL DIRECTOR Edith Thomas ADDRESS Weiser, Idaho	



CERTIFICATE OF STILLBIRTH

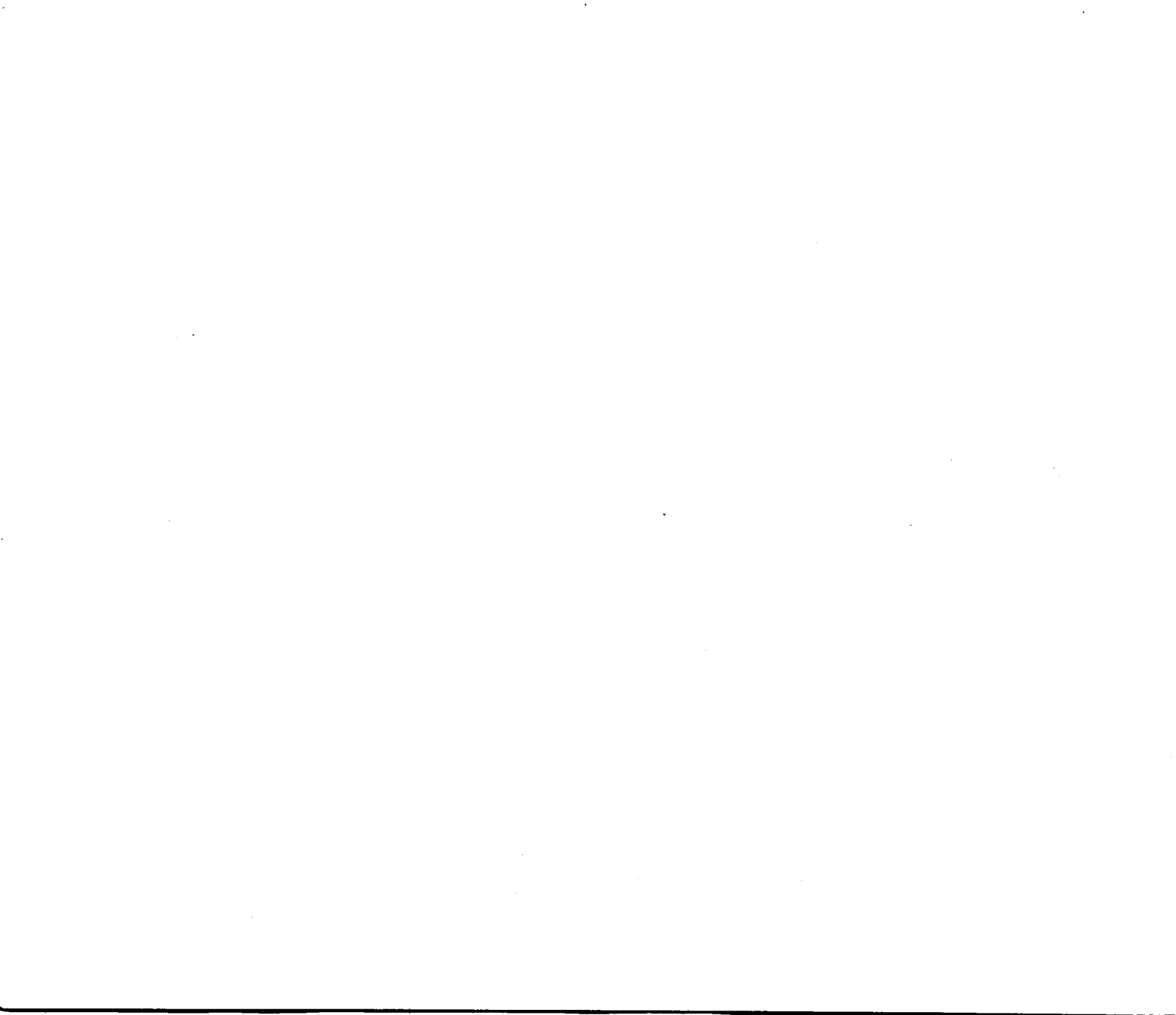
State of Idaho

State File No. 166

Local Reg. No. 370

Reg. Dist. No. 339

1. PLACE OF STILLBIRTH a. COUNTY ADA		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ADA	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. ALPHONSUS		d. STREET ADDRESS (If rural, give location) 2314 Woodlawn	
3. CHILD'S NAME (Type or Print) Diane Wander			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) OCT 2nd 1955
7. FATHER'S NAME a. (First) Harry b. (Middle) Joseph c. (Last) Wander		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Emmett, Ida	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Eunice b. (Middle) Selma c. (Last) Bonnell		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Delta, Colo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Harry J. Wander			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes L No No Approximate date 6-3-55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis fetalis	
		20b. MATERNAL CAUSES Abruptio Placentae	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 2nd Pregnancy Toxemia		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) H. L. Leacock, M.D.	
23b. DATE SIGNED 10-5-55		23c. ATTENDANT'S ADDRESS 512 N. 16th St. Boise, Idaho	
23d. IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Samuel E. Gibson	
24. TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 5 1955	25c. NAME OF CEMETERY OR CREMATORY st. John's	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 10-7-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson---Boise	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 167
Local Reg. No. 375
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Valley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCall	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL ROSS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 5, 1955
7. FATHER'S NAME a. (First) FRANKLIN b. (Middle) E. c. (Last) ROSS	8. COLOR OR RACE White		
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Truck Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) JEAN b. (Middle) c. (Last) CASSIDY	13. COLOR OR RACE White		
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Unknown	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Clyde E. Summers, Boise, Idaho 1205 Bannock			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Placental abruption, complete, immine, acute	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20b.		22. STATE ALL OPERATIONS FOR DELIVERY Amniotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other) Clyde E. Summers M.D.	23b. DATE SIGNED 10-31-55
23c. ATTENDANT'S ADDRESS 310 Idaho - Boise		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 10/5/55	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Elmet, Idaho
DATE REC'D BY LOCAL REG. 11-15-55	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Clyde E. Summers SUMMERS FUNERAL HOME Boise, Idaho	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 168
Local Reg. No. 379
Reg. Dist. No. 370

Division of Vital Statistics

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Ada		a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1315 Capitol Blvd.	
3. CHILD'S NAME (Type or Print) BABY BOY HARVEY			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 20, 1955
7. FATHER'S NAME a. (First) LARRY b. (Middle) HARVEY c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Seneca, S. Carolina	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY College
12. MOTHER'S MAIDEN NAME a. (First) ROSE b. (Middle) ELLEN c. (Last) LANE		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Larry Harvey 1315 Capitol Blvd.			
18a. LENGTH OF PREG. NANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES malformation of head. 20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. D. Sprunger M.D. 23b. DATE SIGNED 11-1-55	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Clyde E. Summers TITLE SUMMERS FUNERAL HOME	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10/29/55	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 11-15-55	REGISTRAR'S SIGNATURE Myrtle Palmer		

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 2169
Local Reg. No. 216
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Cotterell</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct 16, 1955</u>
7. FATHER'S NAME a. (First) <u>Jerry</u> b. (Middle) <u>L</u> c. (Last) <u>Cotterell</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Assistant Sanitarian</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Sanitation</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Arlene</u> b. (Middle) <u>Frei</u> c. (Last) <u>Frei</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Jerry L. Cotterell</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>6-13-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>unknown</u>		
	20b. MATERNAL CAUSES <u>unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Milton T. Rees M.D.</u>		23b. DATE SIGNED <u>10-17-55</u>
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idg</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician <u>Jack A. Wood, Jr.</u>	TITLE <u>Idaho Falls, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>10/17/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wood Funeral Home</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 2-1955</u>	REGISTERAR'S SIGNATURE <u>Anna Subler</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Jack A. Wood, Jr. Idaho Falls, Idaho</u>

STATE OF TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

(REV. 1-1-50)

State File No. _____
Local File No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH COUNTY _____ CITY _____		2. SOCIAL SECURITY NUMBER STATE _____ CITY _____	
3. FULL NAME OF BIRTH RECORD LAST, FIRST, MIDDLE _____		4. ADDRESS STREET _____ CITY _____	

5. DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		6. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
7. RACE WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER _____		8. WEIGHT POUNDS _____	

9. HEIGHT INCHES _____		10. COLOR OF EYES BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> OTHER _____	
11. COLOR OF HAIR BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> OTHER _____		12. COLOR OF SKIN FAIR <input type="checkbox"/> BRN <input type="checkbox"/> BLK <input type="checkbox"/> OTHER _____	

13. DATE OF DEATH MONTH _____ DAY _____ YEAR _____		14. PLACE OF DEATH COUNTY _____ CITY _____	
15. CAUSE OF DEATH DISEASE _____		16. MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENTAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	

17. SIGNATURE OF DECEASED _____		18. SIGNATURE OF WITNESS _____	
19. SIGNATURE OF REGISTRAR _____		20. SIGNATURE OF CLERK _____	

21. SPECIAL COMMENTS FOR DEATH		22. SPECIAL COMMENTS FOR BIRTH	
_____		_____	

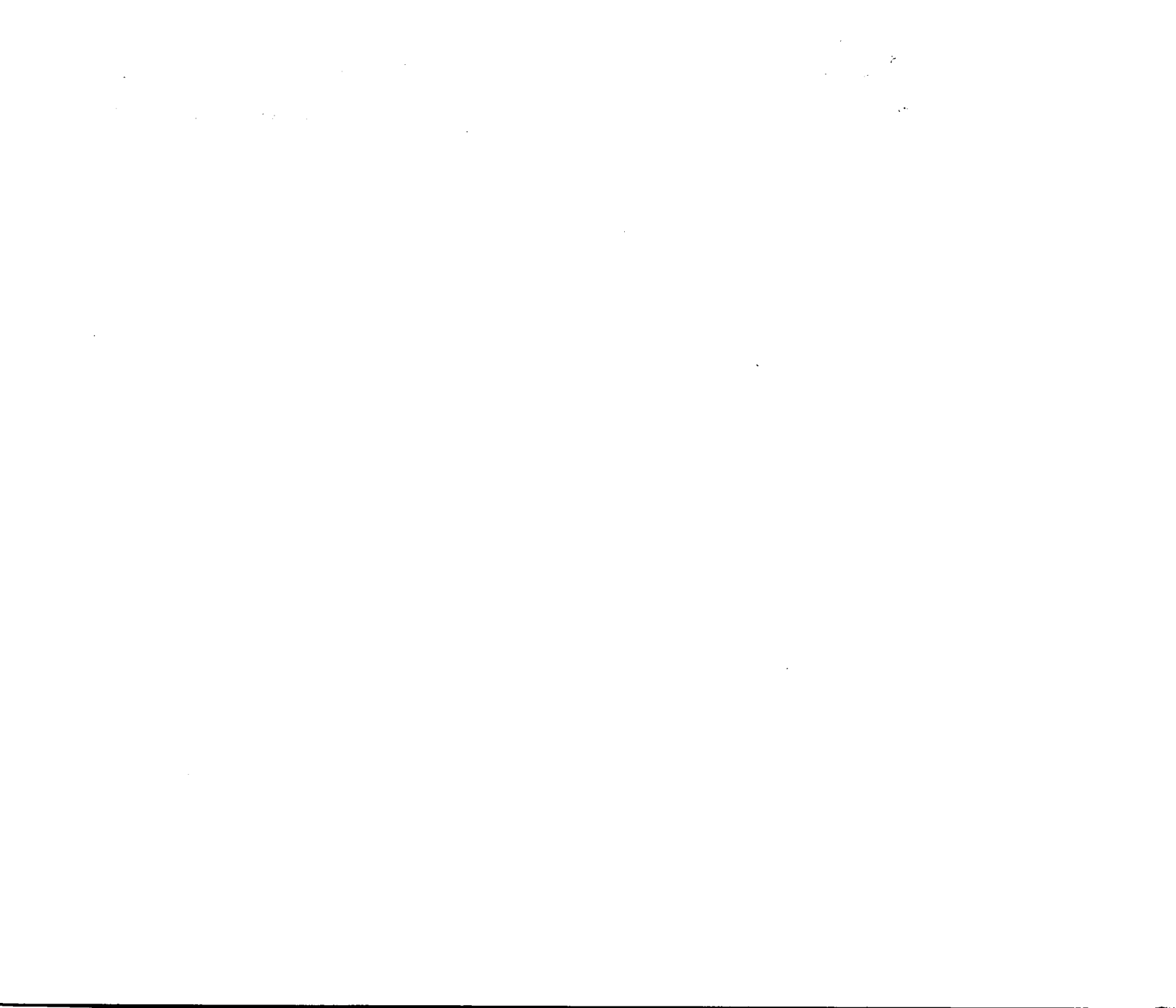
23. NAME OF DECEASED OR BIRTH		24. NAME OF DECEASED OR BIRTH	
_____		_____	

25. NAME OF DECEASED OR BIRTH		26. NAME OF DECEASED OR BIRTH	
_____		_____	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 170
Local Reg. No. 4
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Georgetown</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Infant Johnson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 10, 1955</u>
7. FATHER'S NAME	a. (First) <u>W.</u>	b. (Middle) <u>Russell</u>	c. (Last) <u>Johnson</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Georgetown, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME	a. (First) <u>Anna</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Kessler</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Anna Marie K Johnson</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>April 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>		
	20b. MATERNAL CAUSES <u>Unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Anna Marie K Johnson</u>		23b. DATE SIGNED <u>10-11-55</u>
	23c. ATTENDANT'S ADDRESS <u>Soda Springs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>10-10-55</u>	REGISTRAR'S SIGNATURE <u>Arlene Colton</u>		26. FUNERAL DIRECTOR ADDRESS

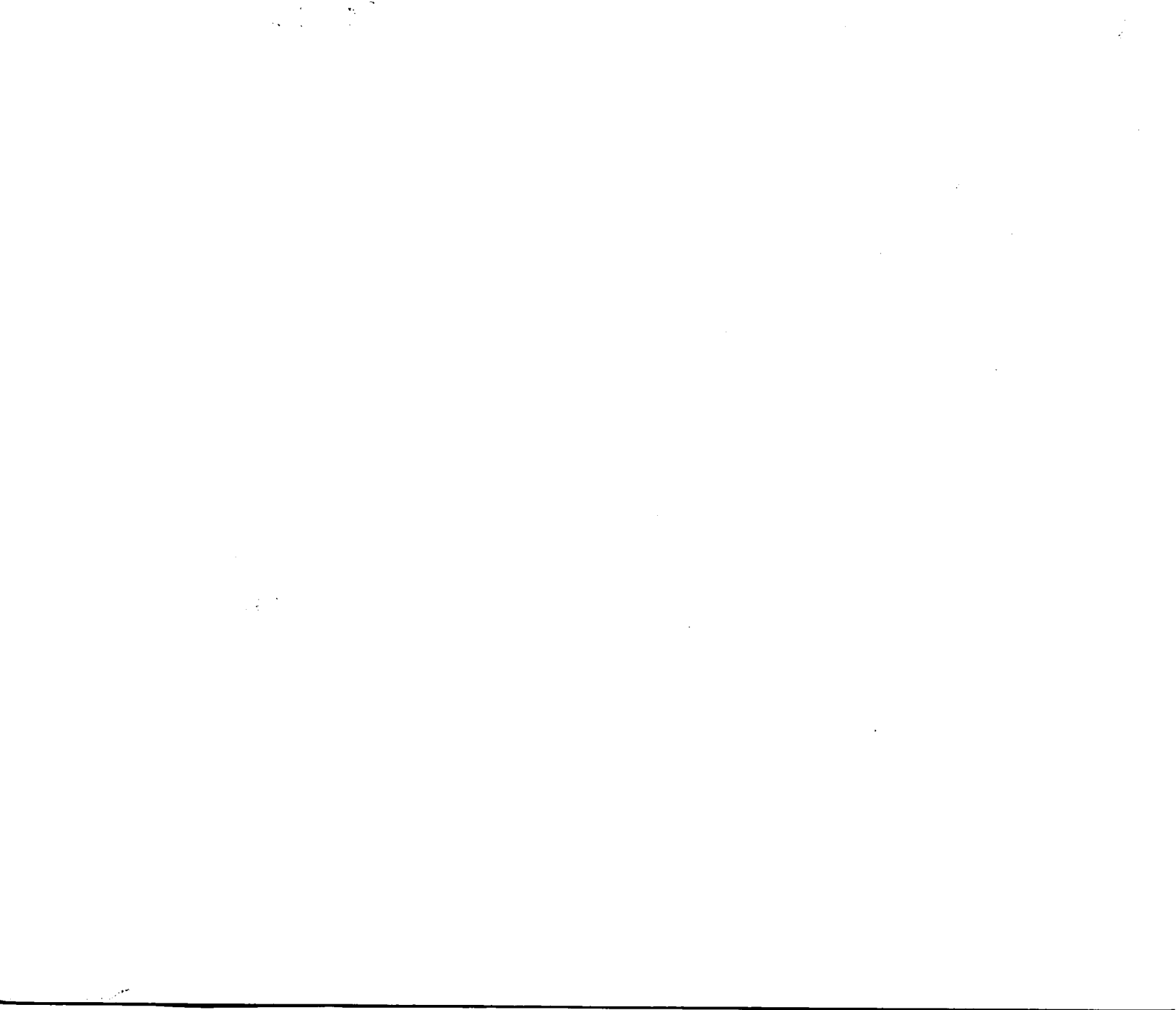


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NOV 18 1955

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

171
State File No.
Local Reg. No. 5
Reg. Dist. No. 52A-521

1. PLACE OF BIRTH a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grace</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>KATHY THOMAS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 25, 1955</u>
7. FATHER'S NAME a. (First) <u>Leonard Odell Thomas</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grace, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Louise Havlis</u> b. (Middle) c. (Last)			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Patial, No. Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFANT <u>Leonard O. Thomas</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>h</u> No <u>.....</u> Approximate date <u>March 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined</u>	
		20b. MATERNAL CAUSES <u>Undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None (Twin - born last)</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4</u> <u>a.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Russell Light Jr. MD</u>	23b. DATE SIGNED <u>26 Oct 55</u>
		23c. ATTENDANT'S ADDRESS <u>Soda Springs</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10/27/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grace Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Grace, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-26-55</u>	REGISTRAR'S SIGNATURE <u>Orlene Colton</u>	26. FUNERAL DIRECTOR <u>Theodore S. Allen</u>	ADDRESS <u>Soda Springs, Ida.</u>



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 172
Local Reg. No. 451
Reg. Dist. No. 470

NOV - 6 - 1955 State of Idaho

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	<u>Cassia</u>	a. STATE	<u>Idaho</u>
b. CITY (If outside corporate limits, write RURAL and give township)	<u>Burley</u>	b. COUNTY	<u>Blaine</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION	<u>Cottage Hospital</u>	c. CITY (If outside corporate limits, write RURAL and give township)	<u>Rupert</u>
		d. STREET ADDRESS (If rural, give location)	<u>224 A. St.</u>

3. CHILD'S NAME
(Type or Print) Thurman Ness Baby. (Carolyn May)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (Which child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
<u>Female</u>	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>Sept. 30 1955</u>

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
<u>Thurman</u>	<u>Carl</u>	<u>Ness</u>	<u>white</u>	

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
<u>26</u> YEARS	<u>Eagle Idaho</u>	<u>Auto parts man.</u>	<u>Automobile.</u>

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
<u>Mildred</u>	<u>Francis</u>	<u>Combs</u>	<u>white</u>	

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
<u>25</u> YEARS	<u>Springfield Mo.</u>	a. How many children are now living?	b. How many children were born alive but are now dead?

17. INFORMANT	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
<u>Thurman Ness</u>	<u>0</u>

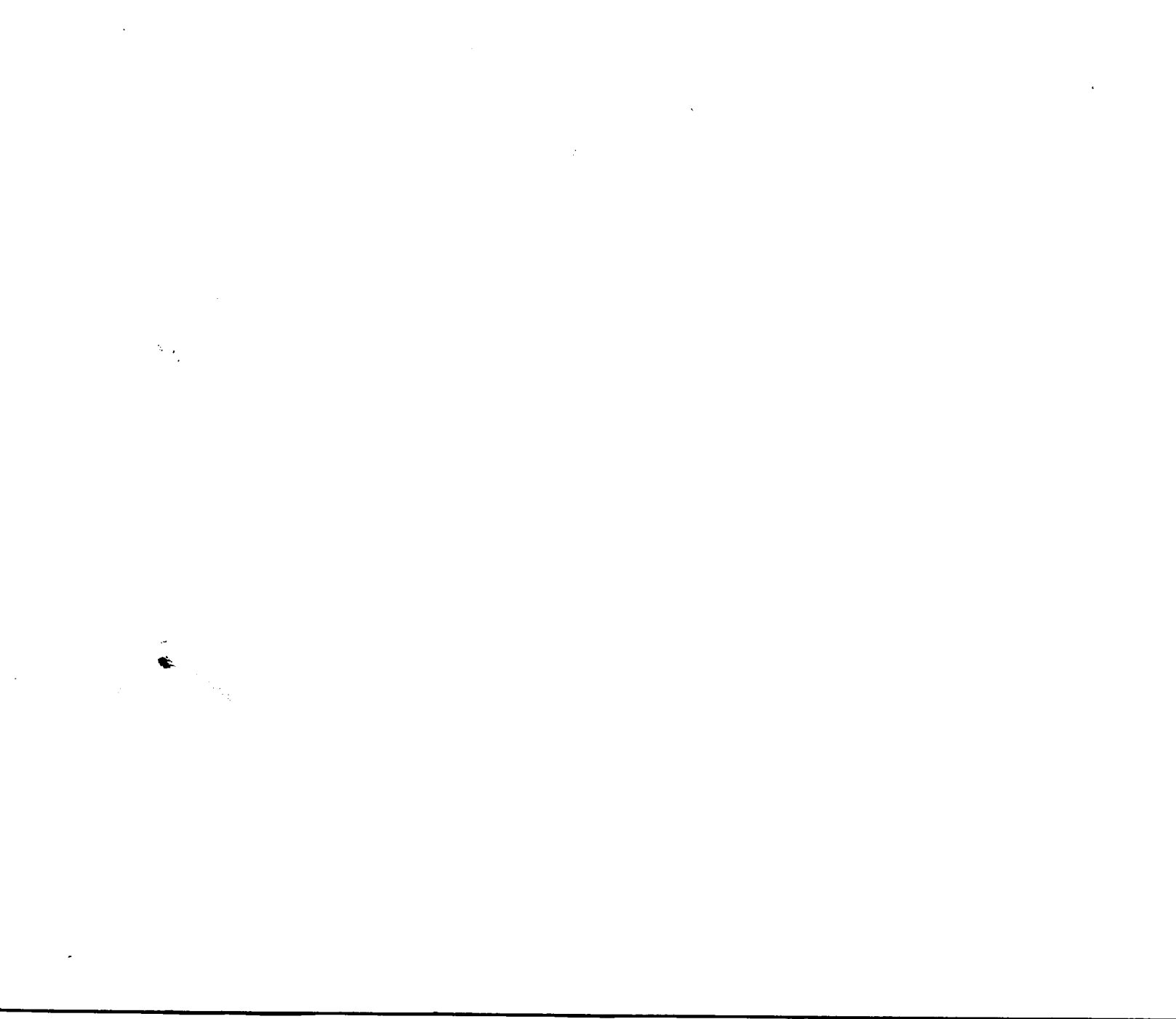
18a. LENGTH OF PREGNANCY (Full term, NANCY WEEKS)	18b. WEIGHT AT BIRTH (LBS. OZS.)	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Full term</u>	<u>7</u>	Approximate date <u>3-29 1955</u>

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Respiratory Failure Cause unknown</u>	20b. MATERNAL CAUSES <u>None</u>
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
<u>None</u>	<u>none</u>

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
	<u>Chas H. Leuven</u>	<u>11/20</u>
	23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL
	<u>Burley Idaho</u>	<u>12 Oct 55</u>

25a. BURIAL CREMATION REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>9-30-1955</u>	<u>Rupert Cemetery</u>	<u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
<u>10-31-55</u>	<u>Chas H. Leuven</u>	<u>Wesley B. Goodman</u>	<u>Rupert</u>



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

173
State File No.
Local Reg. No. 38
Reg. Dist. No. 380

1. PLACE OF STILLBIRTH a. COUNTY <u>Elmore</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Home</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Elmore Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Elmore</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Home</u> d. STREET ADDRESS (If rural, give location) <u>125 East 8th North</u>	
3. CHILD'S NAME (Type or Print) <u>DAVID MALONE GEYER</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 20, 1955</u>
7. FATHER'S NAME a. (First) <u>WALTER</u> b. (Middle) <u>R.</u> c. (Last) <u>GEYER</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) <u>Michigan</u>	11a. USUAL OCCUPATION <u>Capt. - Air Force</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bettie</u> b. (Middle) <u>Jane</u> c. (Last) <u>Powers</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) <u>Michigan</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Walter R. Geyer</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>025</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Baby was second twin</u> 20b. MATERNAL CAUSES <u>Hypertension 2) Premature separation placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>mother was in pain but this did not contribute to baby's trouble</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>low forceps only</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. <u>Mountain Home Idaho</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Malone H. Keelsch MD</u>	
		23b. DATE SIGNED <u>Oct. 21, 1955</u>	
23c. ATTENDANT'S ADDRESS <u>Mountain Home Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Arthur Smith</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>10/21/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bay City, Michigan</u>	25d. LOCATION (City, town, or county) (State) <u>Bay City, Michigan</u>
DATE REC'D BY LOCAL REG. <u>Oct 21-1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>Arthur Smith</u> <u>Bay Mortuary</u> <u>Mountain Home, Idaho</u>	

NOV 68

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 174
Local Reg. No. 235
Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u> NOV-4-1955		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Jerome</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Richfield</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Benedicts</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>Road</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Elin Crowther</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct 24-55</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Crowther</u>		8. COLOR OR RACE <u>Anglo-Saxon</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Provo-Utah</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming-self.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>June</u> b. (Middle) <u>Linnea</u> c. (Last) <u>Reutlich</u>		13. COLOR OR RACE <u>Anglo-Saxon</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Chicago Ill</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>	
17. INFORMANT <u>Raymond K. Crowther</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 55</u>	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Knot in cord pulled tight by cord around neck 3X.</u>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>forceps extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:15</u> <u>A</u> m.		23a. ATTENDANT'S SIGNATURE <u>Sharon Idaho</u>	
23b. DATE SIGNED <u>10-28-55</u>		23c. ATTENDANT'S ADDRESS <u>Shoshone Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Shoshone Idaho</u>		23e. TITLE <u>Shoshone Idaho</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 26</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richfield</u>	24d. LOCATION (City, town, or county) (State) <u>Richfield Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct 28, 1955</u>		25. FUNERAL DIRECTOR <u>Sister M. Rose, our Burdett Funeral Home - Shoshone Idaho</u>	

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1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Spokane</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spokane</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lake City General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2709 W. Sanson</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Boy Omeiner</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 26 1955</u>
7. FATHER'S NAME a. (First) <u>Richard</u> b. (Middle) <u>B.</u> c. (Last) <u>Omeiner</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spokane, Washington</u>	11a. USUAL OCCUPATION <u>Administrative</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Utter Motors</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marilyn</u> b. (Middle) <u>G.</u> c. (Last) <u>Stolts</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spokane, Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Richard B. Omeiner</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>1/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Intrauterine cardiac arrest</u> 20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cessation of FHT at 8cm dilatation only</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Routine Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:30 P.m.</u>		23a. ATTENDANT'S SIGNATURE <u>G. Barclay M.D.</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>10-27-55</u>	
24. ATTENDANT'S ADDRESS <u>Coeur d'Alene</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Billy G. Wuff</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 29, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-28-55</u>		26. FUNERAL DIRECTOR ADDRESS <u>English Chapel Coeur d'Alene, Idaho</u>	

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(1949 Revision of Standard Certificate)

NOV 14 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

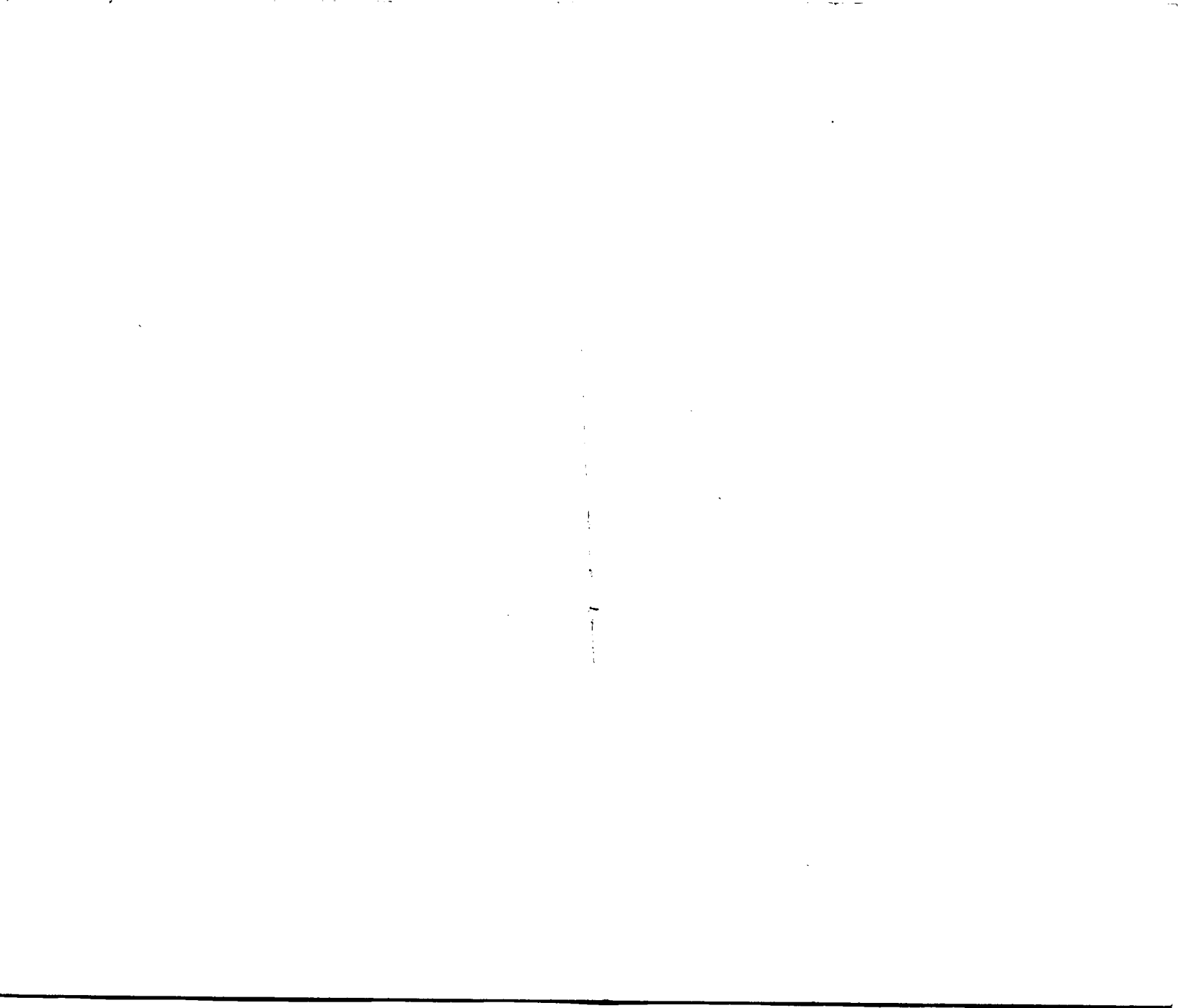
State File No. 176

Local Reg. No. 52

Reg. Dist. No. 4-50

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY OR TOWN Rexburg		c. CITY OR TOWN Rexburg	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial		d. STREET ADDRESS (If rural, give location) 460 South 3rd West	
3. CHILD'S NAME (Type or Print) Baby Johnson			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 22, 1955
7. FATHER'S NAME a. (First) Gerald b. (Middle) O. c. (Last) Johnson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Archer, Idaho	11a. USUAL OCCUPATION Auto Mechanic	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Cleo b. (Middle) c. (Last) Jones		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Bone, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Shall O. Johnson</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Stillborn</i>	
		20b. MATERNAL CAUSES <i>ruptured uterus had previous section</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Ruptured uterus</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Removed baby from abdominal cavity</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Shall O. Johnson</i>	23b. DATE SIGNED <i>10-25-55</i>
23c. ATTENDANT'S ADDRESS <i>Rexburg</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Leon Flamm</i>	TITLE <i>Registrar</i>
25a. BURIAL, CREMATION, OR DISPOSAL (Specify)	25b. DATE 10/24/55	25c. NAME OF CEMETERY OR CREMATORY Cedar Butte	25d. LOCATION (City, town, or county) (State) Annis, Idaho
DATE REC'D BY LOCAL REG. 10-24-55		26. FUNERAL DIRECTOR <i>Bernard Flamm</i> ADDRESS Rexburg, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
NOV - State of Idaho

State File No. 177
Local Reg. No. 73
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reynolds</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reynolds</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reynolds General</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Karon Gallegos (Lee Gallegos Baby)</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 22 1955</u>
7. FATHER'S NAME a. (First) <u>Alfonso Lee</u> b. (Middle) <u>Gallegos</u> c. (Last) <u>Gallegos</u>		8. COLOR OR RACE <u>Mexican</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Jaraman Oregon</u>	11a. USUAL OCCUPATION <u>Labourer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Lola</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Flesh</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Reynolds Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>no</u> b. How many children were born alive but are now dead? <u>no</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Lee Gallegos</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None known</u>	
		20b. MATERNAL CAUSES <u>No Placenta previa with hemorrhage</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prematurity, Placenta previa with hemorrhage</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>A. F. Dalley M.D.</u>	
23b. DATE SIGNED <u>10/25/55</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert E. Goodman</u>		TITLE <u>Reynolds Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>10-23-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Reynolds Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-29-55</u>	REGISTRAR'S SIGNATURE <u>W. E. L. Moore</u>	26. FUNERAL DIRECTOR <u>Robert E. Goodman</u> ADDRESS <u>Reynolds Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 178
Local Reg. No. 216
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>McC Perce</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Headquarters</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Infant Boy Hayes</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10 - 7 - 55</u>		
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>O.</u> c. (Last) <u>Hayes</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>no record</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>no record</u>	11a. USUAL OCCUPATION <u>no record</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>no record</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Janice</u> b. (Middle) c. (Last) <u>Reavis</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Janice Reavis Hayes</u>					
18a. LENGTH OF PREG-NANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis fetalis.</u>			
		20b. MATERNAL CAUSES <u>RH Neg.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:50 a.</u> m.		23a. ATTENDANT'S SIGNATURE <u>M.H. Peters MD.</u>		23b. DATE SIGNED <u>10/13/55</u>	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-13-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>10-13-55</u>	REGISTRAR'S SIGNATURE <u>Nancy Richards</u>	26. FUNERAL DIRECTOR <u>V. Vassar</u> ADDRESS <u>Lewiston, Idaho</u>			

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OCT 21 1955

Division of Health

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

179
State File No.
Local Reg. No. 88
Reg. Dist. No. 6-2-D

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Booneville</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>154 E. 13th</u>		
3. CHILD'S NAME (Type or Print) <u>No Name</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>OCT. 14-1955</u>		
7. FATHER'S NAME a. (First) <u>Ellis</u> b. (Middle) <u>Williams</u> c. (Last) <u>ard</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Hinds</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Globe, Arizona</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Mary Ellen ard - mother</u>					
18a. LENGTH OF PREGNANCY <u>27</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug - 55</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <u>Possible Rh blood factor incompatibility</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Paula M. Jensen</u> 23c. ATTENDANT'S ADDRESS <u>Driggs Idaho</u>		23b. DATE SIGNED <u>10-17-55</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE <u>Oct-15-55</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Reveries</u>	
<u>Buried</u>				25d. LOCATION (City, town, or county) (State) <u>St. Anthony, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21-55</u>		REGISTRAR'S SIGNATURE <u>Stella Kugger</u>		26. FUNERAL DIRECTOR <u>Mal Hansen</u> ADDRESS <u>St. Anthony, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. **180**
Local Reg. No. **409**
Reg. Dist. No. **370**

DEC 16 1955

1. PLACE OF BIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) Boise d. STREET ADDRESS (If rural, give location) 504 N. Atlantic	
3. CHILD'S NAME (Type or Print) BABY BOY SMOCK			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 25 55
7. FATHER'S NAME a. (First) Emerson b. (Middle) C. c. (Last) Smock		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Idaho Creameries
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) c. (Last) Wood		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) O'Neil, Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Emerson Smock			
18a. LENGTH OF PREGNANCY 26 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes No	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES R. H. Sensitivity.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 0		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 P. m.		23. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max D. Lubman 23b. DATE SIGNED 11-29-55	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Robert H. Dickson TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 11/30/55	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 11-30-55	REGISTRAR'S SIGNATURE Muriel Palmer	26. FUNERAL DIRECTOR RELYEA MORTUARY ADDRESS 318 N. Latah Boise, Idaho	

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IN SENATE
January 10, 1900

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

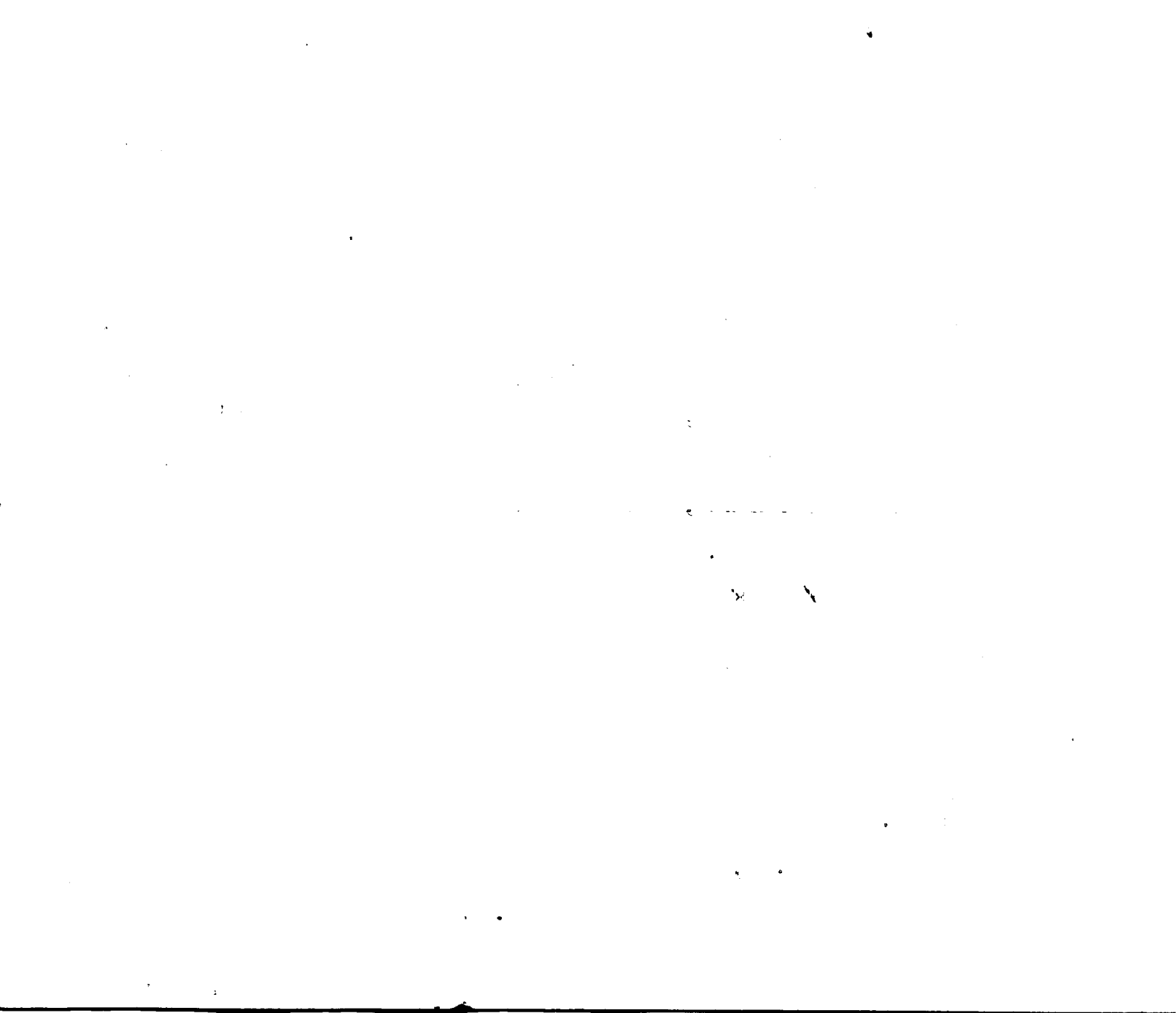
State of Idaho

State File No. 181

Local Reg. No. 863

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (If Vital Statistics) a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 425 W. Buhler	
3. CHILD'S NAME (Type or Print) BABY GIRL SEEGRIST			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 14, 1955
7. FATHER'S NAME a. (First) Leonard b. (Middle) Amiel c. (Last) Seegrist		8. COLOR OR RACE White	
9. AGE (At time of this birth) 10 YEARS	10. BIRTHPLACE (State or foreign country) Van Tassle, Wyoming	11a. USUAL OCCUPATION Parts man	11b. KIND OF BUSINESS OR INDUSTRY Henry's Auto Wreckage
12. MOTHER'S MAIDEN NAME a. (First) Shirley b. (Middle) Ann c. (Last) Wardle		13. COLOR OR RACE White	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Shirley Ann & Leonard A. Seegrist			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH Not LBS. d. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Premature separation of placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:20 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED 29 Sept 55	
23c. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 20, 1955	25c. NAME OF CEMETERY OR CREMATORY RESTLAWN MEMORIAL GARDENS	25d. LOCATION (City, town, or county) (State) POCATELLO IDAHO
DATE REC'D BY LOCAL REG. 12-8-55	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR A. J. Manning, Pocatello, Idaho	



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NOV 18 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 182

Local Reg. No. 552

Reg. Dist. No. 552

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Bear Lake</u>			2. USUAL RESIDENCE OF MOTHER (Where did mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montpelier Idaho</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris Idaho</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Lake Memorial Hosp.</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Lauritzen</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 14 1955</u>		
7. FATHER'S NAME a. (First) <u>Loyal C.</u> b. (Middle) <u>Lauritzen</u> c. (Last)		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cornish, Utah</u>	11a. USUAL OCCUPATION <u>Photographer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Carroll</u> b. (Middle) <u>Lisa</u> c. (Last) <u>Kofoed</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Winston Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Loyal C. Lauritzen</u>					
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb 28 - 1955</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Longstanding split in placental cord causing baby to hemorrhage before birth</u>		20a. FETAL CAUSES <u>None</u>			
20b. MATERNAL CAUSES <u>None</u>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			
22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Shirley H. H. H.</u>			
23b. ATTENDANT'S ADDRESS <u>Paris Idaho</u>		23c. DATE SIGNED <u>Nov 13-1955</u>			
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. H. H.</u>		TITLE <u>W. H. H.</u>			
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Nov 16 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logan Cemetery Logan, Utah</u>		25d. LOCATION (City, town, or county) (State) <u>Utah</u>	
DATE REC'D BY LOCAL REG. <u>11/16/55</u>	REGISTRAR'S SIGNATURE <u>W. H. H.</u>	26. FUNERAL DIRECTOR ADDRESS <u>W. H. H. Montpelier Idaho</u>			

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 183

Local Reg. No. 6

Reg. Dist. No. 520-521

DEC 21 1955

1. PLACE OF BIRTH a. COUNTY <u>Carban</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE <u>Idaho</u> b. COUNTY <u>Carban</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grace</u>	
c. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION <u>Carban County Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Infante Smith</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 17 1955</u>
7. FATHER'S NAME a. (First) <u>Harren John</u> b. (Middle) <u>Smith</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grace Idaho</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY <u>Monsanto Chem.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>S.</u> c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Harren J. Smith</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>37</u>	18b. WEIGHT AT BIRTH LBS. <u>1</u> OZS. <u>14</u>	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>July 27, 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above <u>File 11-18-55</u> <u>Female 11:23 AM</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Burnett E. Harrison M.D.</u>	
23b. DATE SIGNED <u>12 Dec 1955</u>		23c. ATTENDANT'S ADDRESS <u>Grace Idaho</u>	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Theodore A. Allen</u>	
TITLE			
25a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11/18/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grace Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Grace Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-18-55</u>	REGISTRAR'S SIGNATURE <u>Orlene Colton</u>	26. FUNERAL DIRECTOR <u>Theodore A. Allen</u>	ADDRESS <u>Soda Springs, Ida.</u>

UNITED STATES
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

REPORT OF INVESTIGATION
(Form No. 1)

1. NAME OF SUBJECT		2. ALIAS		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. OCCUPATION		6. EDUCATION		7. RELIGION		8. POLITICAL AFFILIATION	
9. MARITAL STATUS		10. NUMBER OF CHILDREN		11. DATE OF MARRIAGE		12. NAME OF SPOUSE	
13. DATE OF DEPARTURE		14. DATE OF RETURN		15. DATE OF ARRIVAL		16. DATE OF DEPARTURE	
17. DATE OF DEPARTURE		18. DATE OF RETURN		19. DATE OF ARRIVAL		20. DATE OF DEPARTURE	
21. DATE OF DEPARTURE		22. DATE OF RETURN		23. DATE OF ARRIVAL		24. DATE OF DEPARTURE	
25. DATE OF DEPARTURE		26. DATE OF RETURN		27. DATE OF ARRIVAL		28. DATE OF DEPARTURE	
29. DATE OF DEPARTURE		30. DATE OF RETURN		31. DATE OF ARRIVAL		32. DATE OF DEPARTURE	
33. DATE OF DEPARTURE		34. DATE OF RETURN		35. DATE OF ARRIVAL		36. DATE OF DEPARTURE	
37. DATE OF DEPARTURE		38. DATE OF RETURN		39. DATE OF ARRIVAL		40. DATE OF DEPARTURE	
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45. DATE OF DEPARTURE		46. DATE OF RETURN		47. DATE OF ARRIVAL		48. DATE OF DEPARTURE	
49. DATE OF DEPARTURE		50. DATE OF RETURN		51. DATE OF ARRIVAL		52. DATE OF DEPARTURE	
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57. DATE OF DEPARTURE		58. DATE OF RETURN		59. DATE OF ARRIVAL		60. DATE OF DEPARTURE	
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65. DATE OF DEPARTURE		66. DATE OF RETURN		67. DATE OF ARRIVAL		68. DATE OF DEPARTURE	
69. DATE OF DEPARTURE		70. DATE OF RETURN		71. DATE OF ARRIVAL		72. DATE OF DEPARTURE	
73. DATE OF DEPARTURE		74. DATE OF RETURN		75. DATE OF ARRIVAL		76. DATE OF DEPARTURE	
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81. DATE OF DEPARTURE		82. DATE OF RETURN		83. DATE OF ARRIVAL		84. DATE OF DEPARTURE	
85. DATE OF DEPARTURE		86. DATE OF RETURN		87. DATE OF ARRIVAL		88. DATE OF DEPARTURE	
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93. DATE OF DEPARTURE		94. DATE OF RETURN		95. DATE OF ARRIVAL		96. DATE OF DEPARTURE	
97. DATE OF DEPARTURE		98. DATE OF RETURN		99. DATE OF ARRIVAL		100. DATE OF DEPARTURE	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 184

Local Reg. No. 459

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH (Division of Vital Statistics)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Cassia		a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Heyburn	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage		d. STREET ADDRESS (If rural, give location) Rural	
3. CHILD'S NAME (Type or Print) Baby Darley			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 16, 1955
7. FATHER'S NAME a. (First) George b. (Middle) Woodrow c. (Last) Darley			8. COLOR OR RACE White
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Wellsville, Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Ileen b. (Middle) Wyatt c. (Last) Wyatt			13. COLOR OR RACE White
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Wellsville, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT <i>George W. Darley</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug 23 1955	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anencephalic 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Hugh E. Dean</i> 23c. ATTENDANT'S ADDRESS Burley, Idaho	
23b. DATE SIGNED 11-19-55		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Wm B. McCallister</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Nov. 19, 1955	25c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	25d. LOCATION (City, town, or county) (State) Wellsville, Utah
DATE REC'D BY LOCAL REG. 11-23-55	REGISTRAR'S SIGNATURE <i>Miss Sam Leaven</i>	26. FUNERAL DIRECTOR <i>Wm B. McCallister</i> ADDRESS Burley, Idaho	

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(1949 Revision of Standard Certificate)

NOV 25 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

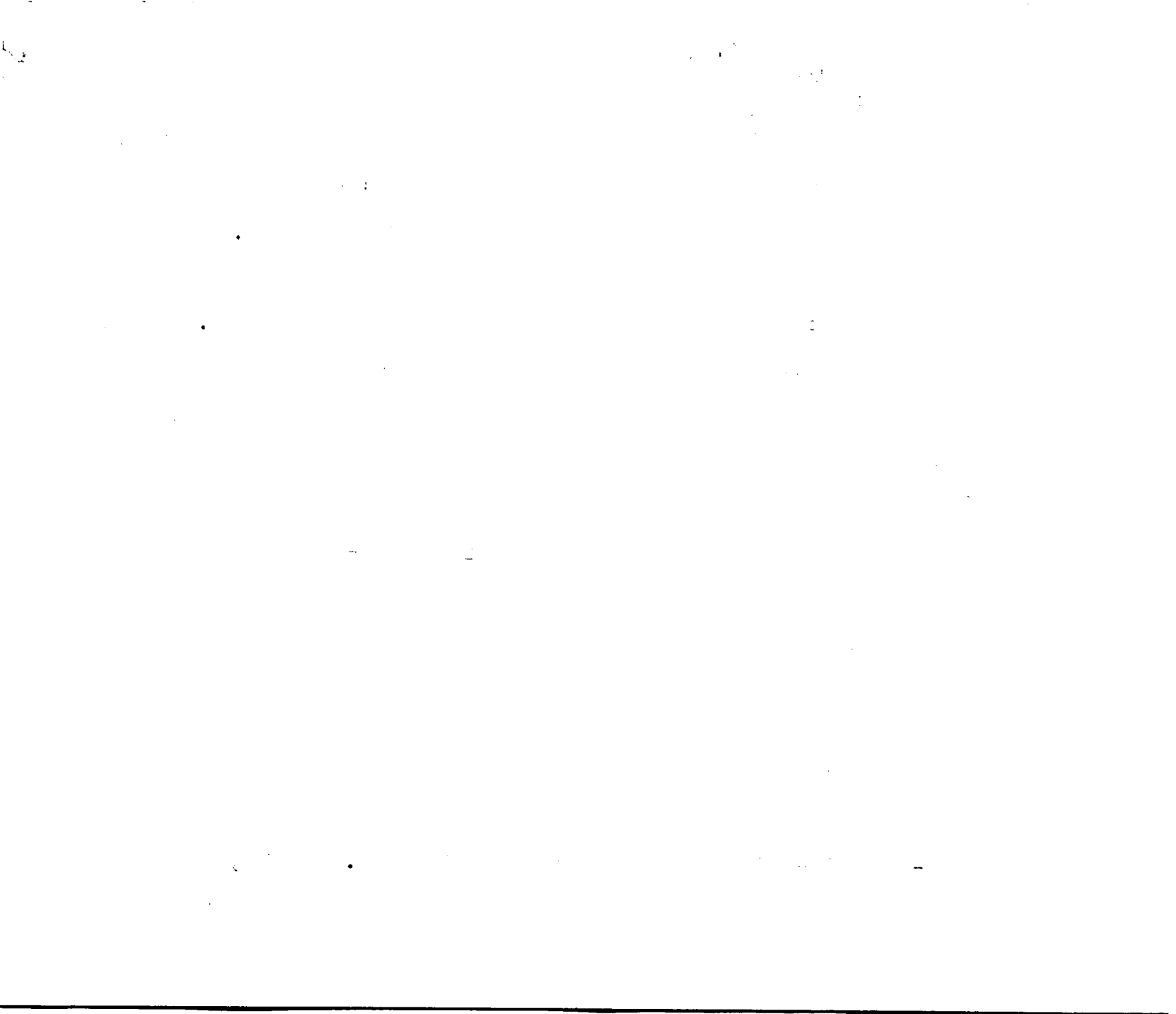
State File No. 185

Local Reg. No. 8

Reg. Dist. No. 120

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 403 Wallace Ave.	
3. CHILD'S NAME (Type or Print) Baby Boy McClure			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 16 1955
7. FATHER'S NAME a. (First) John b. (Middle) c. (Last) McClure		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Montana	11a. USUAL OCCUPATION Steel Worker	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Alvina b. (Middle) Beatrice c. (Last) Todd		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3	
17. INFORMANT John McClure			
18a. LENGTH OF PREG-NANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis fetalis - intracranial death 20b. MATERNAL CAUSES RH sensitization	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) D.M. Cunningham MD 23b. DATE SIGNED 11-17-1955	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial	25b. DATE 11-16-1955	25c. NAME OF CEMETERY OR CREMATORY Fearon Funeral Chapel	25d. LOCATION (City, town, or county) (State) St. Ignatius, Montana
DATE REC'D BY LOCAL REG. 11-23-55	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR Don English ADDRESS Coeur d'Alene, Idaho	



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(1949 Revision of Standard Certificate)

State File No. 186
Local Reg. No. 142
Reg. Dist. No. 220

DEC 8 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH (Vital Statistics) a. COUNTY <u>Latah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Rinehart</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 17 1955</u>
7. FATHER'S NAME a. (First) <u>Frederick</u> b. (Middle) c. (Last) <u>Rinehart</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	11a. USUAL OCCUPATION <u>salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Sewing machines</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Leone</u> b. (Middle) c. (Last) <u>Stallman</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Frederick Rinehart</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>		
	20b. MATERNAL CAUSES <u>Premature separation of the placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>High forceps delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:00</u> <u>A</u> m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u> If NOT attended by physician	23b. DATE SIGNED <u>11-25-55</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-18-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>12/2/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>David R. Tate</u> ADDRESS <u>Moscow, Idaho</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 187
Local Reg. No. 149
Reg. Dist. No. 142

1. PLACE OF DIVISION OF VITAL STATISTICS: a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wallace, Idaho</u>		c. CITY OR TOWN <u>Mullan</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hosp & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Box 424</u>	
3. CHILD'S NAME (Type or Print) <u>Walter Dale Claypool</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 14, 1955</u>
7. FATHER'S NAME a. (First) <u>Walter</u> b. (Middle) <u>Dale</u> c. (Last) <u>Claypool</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>23</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Barter Sp. Kans.</u>	11a. USUAL OCCUPATION <u>mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Idele</u> c. (Last) <u>Montoya</u>		13. COLOR OR RACE <u>Spanish</u>	
14. AGE (At time of this birth) <u>22</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Capita S.D.</u>	
17. INFORMANT <u>Walter D. Claypool Jr</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS <u>1 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>April 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>ABRUPTIO PLACENTAE</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2</u> <u>A</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>P. E. Smackman M.D.</u>	
23b. DATE SIGNED <u>11-14-55</u>		23c. ATTENDANT'S ADDRESS <u>Wallace, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Dale S. Cornell</u>		TITLE <u>Wallace, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov 15, 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>United - Nursery</u>	25d. LOCATION (City, town, or county) (State) <u>Wallace Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Dale S. Cornell</u>	26. FUNERAL DIRECTOR <u>Dale S. Cornell</u>	ADDRESS <u>Wallace, Idaho</u>

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(1949 Revision of Standard Certificate)

State File No.

188

Local Reg. No.

138

Reg. Dist. No.

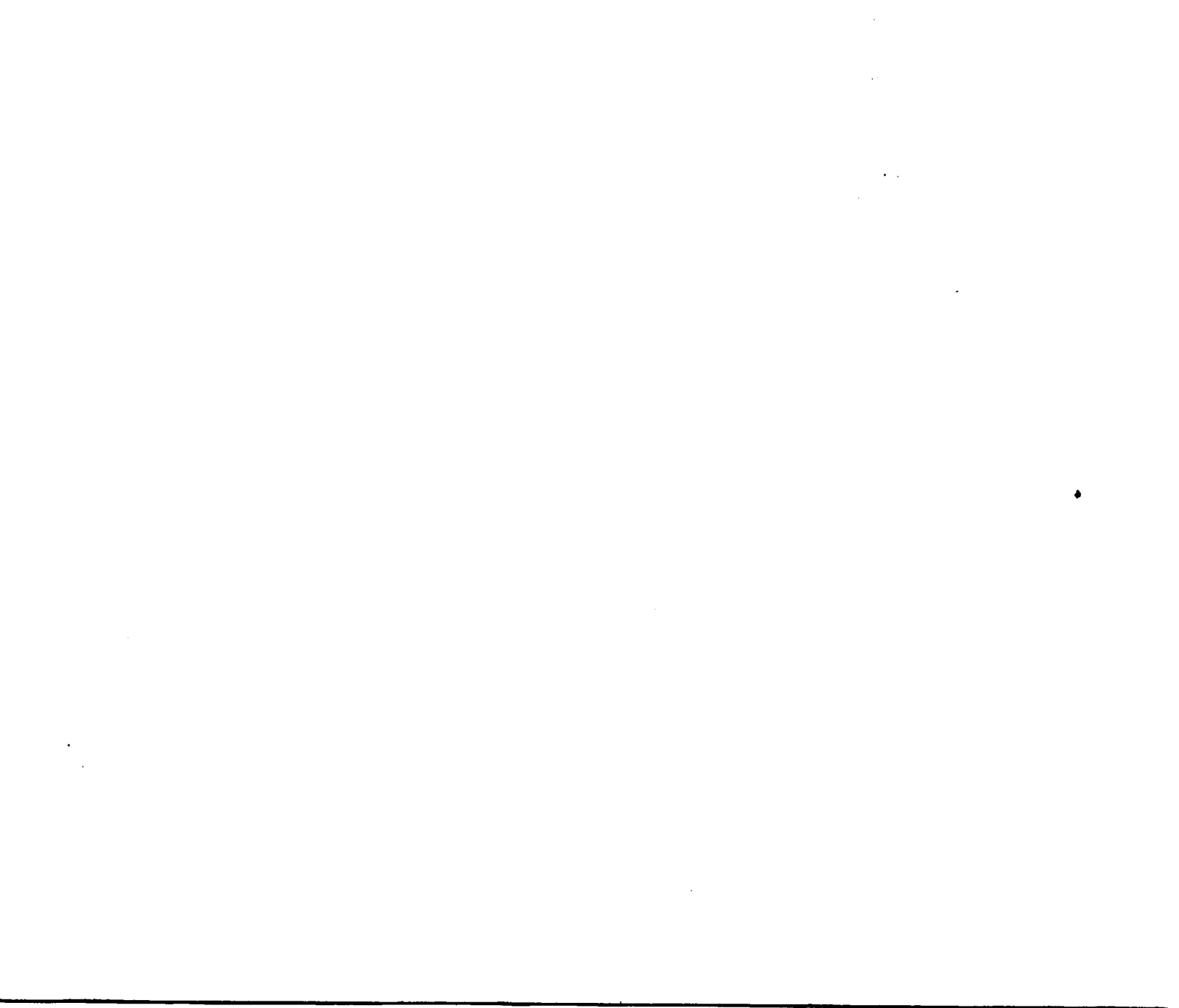
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DEC 5 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where mother lived) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wallace Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Smullan</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Wallace Hosp. Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Box 601</u>	
3. CHILD'S NAME (Type or Print) <u>Debra Sharene Weatherby</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGL <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 20 - 1955</u>
7. FATHER'S NAME a. (First) <u>Willie</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Weatherby</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Picher Okla</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Wanda</u> b. (Middle) <u>Lee</u> c. (Last) <u>Carnal</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Picher Okla</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Willie Weatherby F</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>14 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Apr 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia</u>	
		20b. MATERNAL CAUSES <u>Placenta previa</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hemorrhage</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarian section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:30 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>E.E. Snodgrass</u> (Specify if M. D., midwife, or other) <u>MD</u>	23b. DATE SIGNED <u>11-21-55</u>
23c. ATTENDANT'S ADDRESS <u>John A. Bern</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John A. Bern</u> TITLE <u>Wallace Shoshone</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>Nov 22-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wallace</u>	25d. LOCATION (City, town, or county) (State) <u>Wallace Shoshone Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov 22</u>	REGISTRAR'S SIGNATURE <u>John A. Bern</u>	26. FUNERAL DIRECTOR <u>John A. Bern</u> ADDRESS <u>Wallace Idaho</u>	



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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 189

Local Reg. No.

Reg. Dist. No. 620

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Driggs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Felt</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Teton Valley Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 3 1955</u>
7. FATHER'S NAME a. (First) <u>Edward</u> b. (Middle) <u>Walton</u> c. (Last) <u>Brower</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Driggs, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Bewlah</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Palmer</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Milo, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Edward N. Brower father</u>			
18a. LENGTH OF PREGNANCY <u>28 WEEKS</u>	18b. WEIGHT AT BIRTH <u>4 LBS.</u> <u>0 ZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 15 - 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Spina bifida, posterior, entire and Cranium bifidum entire</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hydramnios</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>LaGrande C. Larson, M.D.</u>	
23b. DATE SIGNED <u>11-4-55</u>		23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Nov. 8 - 55</u>		REGISTRAR'S SIGNATURE <u>Stella Shigg</u>	
26. FUNERAL DIRECTOR		ADDRESS	

PHS-797(VS)

4-48

FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

NOV 25 1955

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 199

Local Reg. No. 822

Reg. Dist. No. 460

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Filer</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>			d. STREET ADDRESS (If rural, give location) <u>Rt 1</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Brian Huddleston</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-12-55</u>		
7. FATHER'S NAME a. (First) <u>George Wesley</u> b. (Middle) <u>Huddleston</u> c. (Last) <u>W</u>		8. COLOR OR RACE <u>W</u>			
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Gladys</u> b. (Middle) <u>Isabelle</u> c. (Last) <u>McCabe</u>		13. COLOR OR RACE <u>W</u>			
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Berger-Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Mother - Gladys Huddleston</u>					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6 LBS. 2 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>First Trimester</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>			
		20b. MATERNAL CAUSES <u>Chronic Premature Separation of Placenta</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>husband in bed</u>		(Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>Nov. 12, 1955</u>		23c. ATTENDANT'S ADDRESS <u>the Falls, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Reynolds</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>11/14/55</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Filer I.O.O.F. Cemetery</u>	
25d. LOCATION (City, town, or county) <u>Filer, Idaho</u>		(State)			
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Lenora O. Loman</u>		26. FUNERAL DIRECTOR <u>Reynolds Funeral Home - Twin Falls, Idaho.</u>	

JUL 17 2017

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(1949 Revision of Standard Certificate)

DEC 19 1955**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. 191Local Reg. No. 910Reg. Dist. No. 460

1. PLACE OF BIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Twin Falls</u>		a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buhl</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Box 304</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Busmann</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-24-55</u>
7. FATHER'S NAME a. (First) <u>Phil</u> b. (Middle) <u>Reed</u> c. (Last) <u>Busmann</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buhl</u>	11a. USUAL OCCUPATION <u>FARMING</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Jane</u> c. (Last) <u>Hyde</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Buhl, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <u>3</u>	b. How many children were born alive but are now dead? <u>0</u>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Phil Busmann</u>			
18a. LENGTH OF PREGNANCY <u>41</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None found - autopsy performed</u>		
	20b. MATERNAL CAUSES <u>Placental fibrosis - cause undetermined</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:32 A.</u> m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Frank Anderson M.D.</u>		23b. DATE SIGNED <u>11/24/55</u>
	23c. ATTENDANT'S ADDRESS <u>Fulu Id.</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11/26/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Buhl City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Buhl Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 30, 1955</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Val J. Christensen Buhl, Idaho</u>	

Submunson

(1949 Revision of Standard Certificate)

State File No. 192
Local Reg. No. 434
Reg. Dist. No. 370

FEDERAL SECURITY AND
PUBLIC HEALTH SERVICE

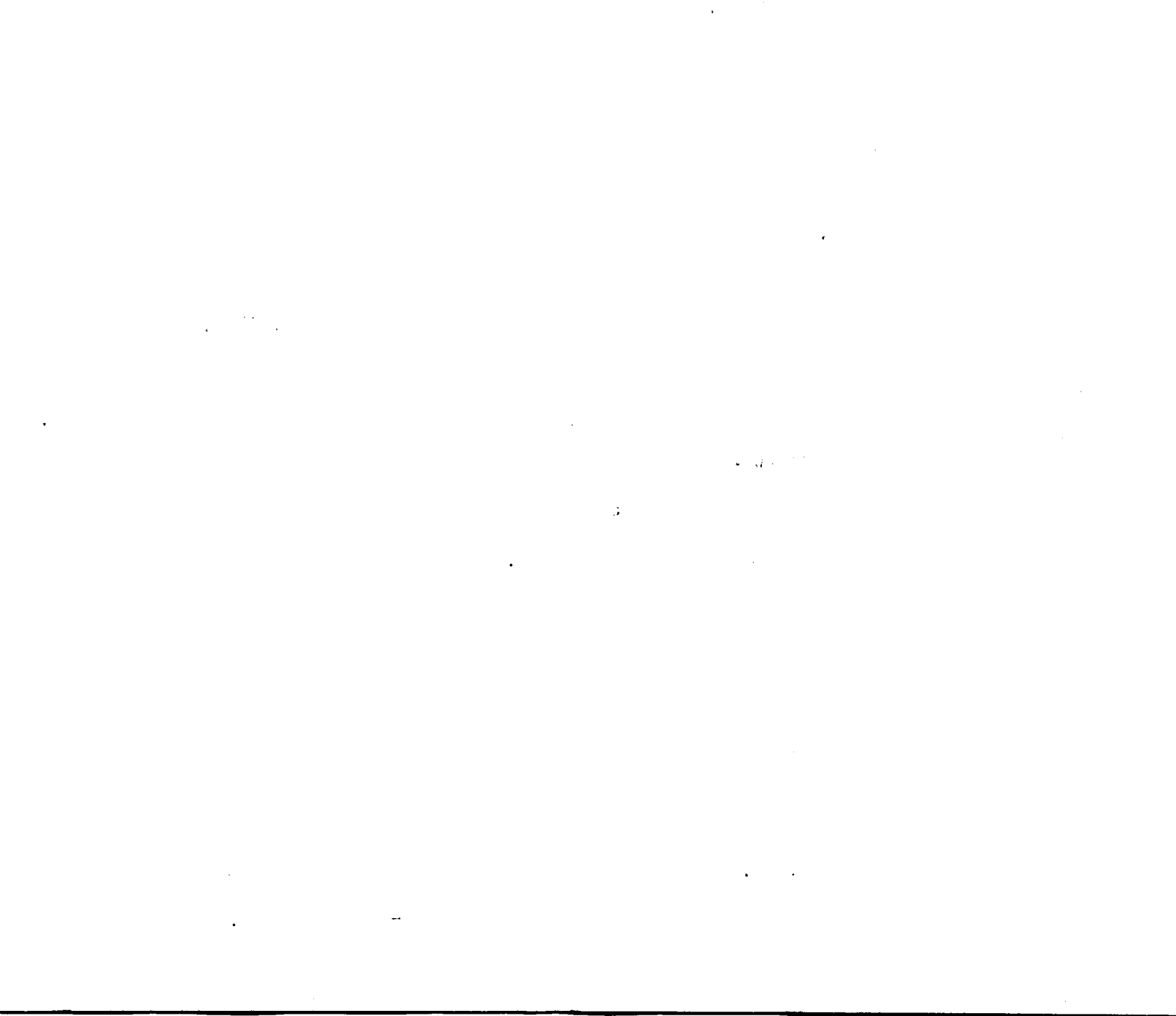
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CERTIFICATE OF STILLBIRTH

State of Idaho

DEC 15 1955

1. PLACE OF STILLBIRTH a. COUNTY ADA Division of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ADA	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. ALPHONSUS		d. STREET ADDRESS 614 Ross ST. (If rural, give location)	
3. CHILD'S NAME (Type or Print) CLARE WASSOM			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 11th. 1955
7. FATHER'S NAME a. (First) ELDON b. (Middle) CLARE c. (Last) WASSOM		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) BUHL IDAHO	11a. USUAL OCCUPATION Foreman.	11b. KIND OF BUSINESS OR INDUSTRY Arrowhead Frt. Lines.
12. MOTHER'S MAIDEN NAME a. (First) Marjorie b. (Middle) A. c. (Last) Bock		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Hood River Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Eldon Clare Wassom Boise			
18a. LENGTH OF PREG-NANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 ZS.	19. Was a standard serological test for syphilis performed? Yes No	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None 20b. MATERNAL CAUSES Congenital Short Umbilical Cord - obstructed	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prematurity 37 wks.		22. STATE ALL OPERATIONS FOR DELIVERY 0	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 P.M. m.		23a. ATTENDANT'S SIGNATURE Max D. Submunson (Specify if M. D., midwife, or other) 23b. DATE SIGNED 12-12-55	
23c. ATTENDANT'S ADDRESS Boise, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL J. T. McCann TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 13. 1955	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 12-14-55		26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson. Boise Idaho	



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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

193

Local Reg. No.

Reg. Dist. No. 102

1. PLACE OF STILLBIRTH a. COUNTY <i>Bear Lake</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bear Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bennington Id.</i>	
c. FULL NAME OF CHILD in hospital or institution, give street address or location HOSPITAL OR INSTITUTION <i>Bear Lake Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Jenson</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>8/15/1955</i>
7. FATHER'S NAME a. (First) <i>Andy</i> b. (Middle) <i>Dulores</i> c. (Last) <i>Jenson</i>		8. COLOR OF RACE <i>White</i>	
9. AGE (At time of this birth) <i>28</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Bennington Idaho</i>	11a. USUAL OCCUPATION <i>School Teacher</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Norma</i> b. (Middle) <i>Clare</i> c. (Last) <i>Marroe</i>		13. COLOR OF RACE <i>White</i>	
14. AGE (At time of this birth) <i>26</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Tecumseh, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Andy D. Jenson</i>			
18a. LENGTH OF PREGNANCY <i>28</i> WEEKS	18b. WEIGHT AT BIRTH <i>Not weighed</i> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Aug 1955</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Premature separation of placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Hemorrhage</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Manual dilatation & extraction</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>2</i> p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Robert B. Burdoyne M.D.</i>	
23b. DATE SIGNED <i>11/22/55</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Tele Matthews Montpelier, Id.</i>	
25a. BURIAL or CREMATION, REMOVAL (Specify) <i>Burial</i>		25b. DATE <i>Nov 18/55</i>	
25c. NAME OF CEMETERY OR CREMATORY <i>Bennington Cemetery</i>		25d. LOCATION (City, town, or county) (State) <i>Bennington Id.</i>	
26. FUNERAL DIRECTOR <i>Tele Matthews</i>		27. ADDRESS <i>Montpelier, Id.</i>	

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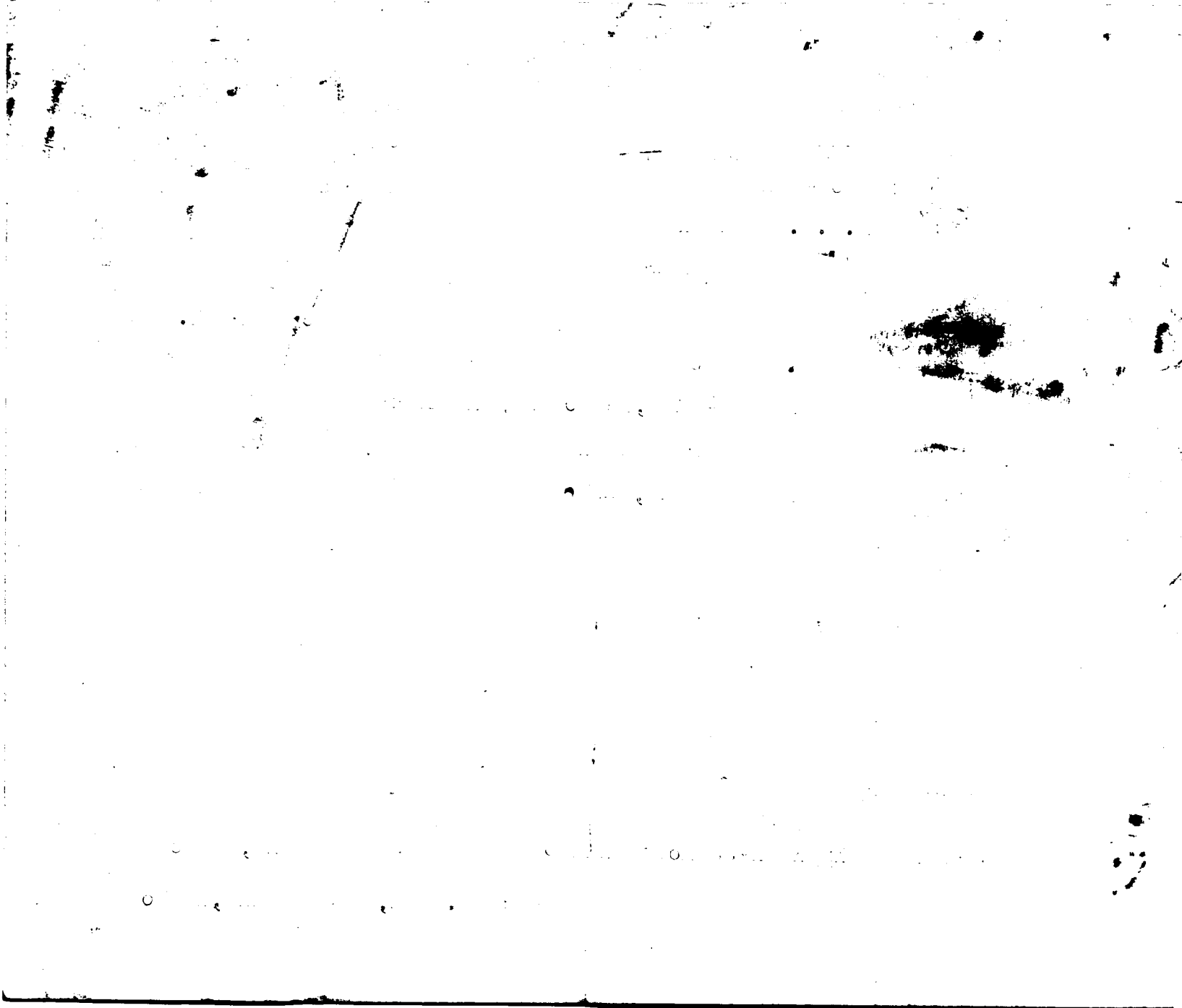
DEC 23 1955 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 194
Local Reg. No. 243
Reg. Dist. No. 610

Division of Vital Statistics

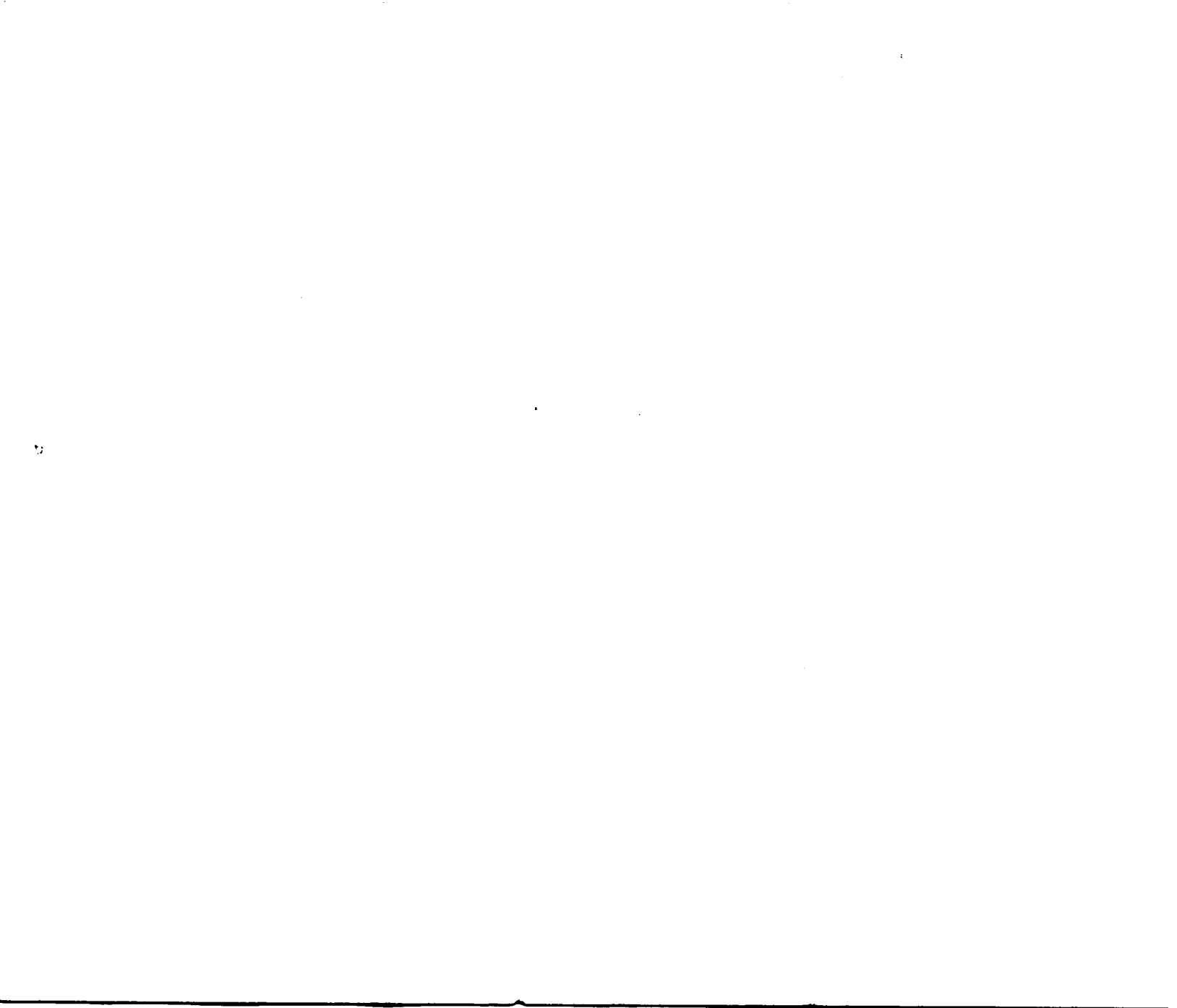
1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roberta	
c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Ann Lords			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 11, 1955
7. FATHER'S NAME Nathan	a. (First) H. Lords	b. (Middle)	c. (Last)
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	11a. USUAL OCCUPATION Day Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Neva Fern Robbins	a. (First)	b. (Middle)	c. (Last)
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Nathan N. Lords			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Anoxia due to cord around neck 20b. MATERNAL CAUSES None apparent		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE J. D. Cummings, M.D.		23b. DATE SIGNED
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Jack A. Wood TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12/12/1955	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Dec. 27-1955	REGISTRAR'S SIGNATURE Anna Biggs	26. FUNERAL DIRECTOR'S ADDRESS Jack A. Wood, Idaho Falls, Idaho	



RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

195
State File No.
Local Reg. No. 267
Reg. Dist. No. 612

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY <u>Bonnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonnerville</u>	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Nissen</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec. 19, 1955</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u> b. (Middle) <u>Louis</u> c. (Last) <u>Nissen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ritzville - Washington</u>	11a. USUAL OCCUPATION <u>Dentist</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) c. (Last) <u>Potter</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Teton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>	
17. INFORMANT <u>J. Nissen</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>—</u> No <u>—</u> Approximate date <u>May 1955</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not in cord</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James Carey MD</u> 23c. ATTENDANT'S ADDRESS 23b. DATE SIGNED <u>12/21/55</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Dec 29, 1955</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Private</u>	
25b. DATE <u>Dec 29, 1955</u>		25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>	
DATE REC'D BY LOCAL REG <u>Dec. 30 - 1955</u>		26. FUNERAL DIRECTOR ADDRESS <u>R. A. Williams</u>	
REGISTRAR'S SIGNATURE <u>Renea Bridges</u>			



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JAN 16 1956

(1949 Revision of Standard Certificate)

Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 196
Local Reg. No. 5
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Caldwell Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Route 4</i>	
3. CHILD'S NAME (Type or Print) <i>Jaetie Dorman Egbert</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Dec 30, 1955</i>
7. FATHER'S NAME a. (First) <i>Jaetie Leonard</i> b. (Middle) <i>Egbert</i> c. (Last) <i>white</i>		8. COLOR OR RACE	
9. AGE (At time of this birth) <i>23</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Homedale Ida</i>	11a. USUAL OCCUPATION <i>Cattle Feeder</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Employed</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Jaetie May</i> b. (Middle) <i>Cuthbert</i> c. (Last) <i>white</i>		13. COLOR OR RACE	
14. AGE (At time of this birth) <i>22</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Nampa Ida</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>-</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>-</i>	
17. INFORMANT <i>Jaetie May Egbert Mother</i>			
18a. LENGTH OF PREGNANCY <i>42</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>12</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>UNKNOWN</i>	
		20b. MATERNAL CAUSES <i>UNKNOWN</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Oakes H. Weaver M.D.</i>	23b. DATE SIGNED <i>12/31/55</i>
23c. ATTENDANT'S ADDRESS <i>Caldwell, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John F. Alsip, Jr.</i>	TITLE <i>Alsip Funeral Chapel, Nampa, Idaho</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Jan. 3, 1956</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Kohlerlawn Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Nampa, Idaho</i>
DATE REC'D BY LOCAL REG. <i>1-10-56</i>	REGISTRAR'S SIGNATURE <i>Agnes M. Denman</i>	26. FUNERAL DIRECTOR <i>John F. Alsip, Jr.</i> <i>Alsip Funeral Chapel, Nampa, Idaho</i>	



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1949 Revision of Standard Certificate)
JAN 16 1956
DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 197

Local Reg. No. 1

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) 244 1st St. No. Ext.	
3. CHILD'S NAME (Type or Print) THOMAS DUDLEY HALL			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12/30/55
7. FATHER'S NAME a. (First) Charles b. (Middle) Hall c. (Last)		8. COLOR OR RACE white	
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Stewart, Nebr.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lucille b. (Middle) Lawhorn c. (Last)		13. COLOR OR RACE white	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Lehi, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Charles Hall			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-15-55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Premature separation of placenta - Placenta margini	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR As in 20b.		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Gerald E. Henche M.D. 23b. DATE SIGNED 1-9-56	
23c. ATTENDANT'S ADDRESS Nampa Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/3/56	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. January 13, 1956 Mrs. Jane		26. FUNERAL DIRECTOR ADDRESS Nampa, Idaho LEWIS EDMUNDS MORTUARY	

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CERTIFICATE OF STILLBIRTH

JAN 3 1956

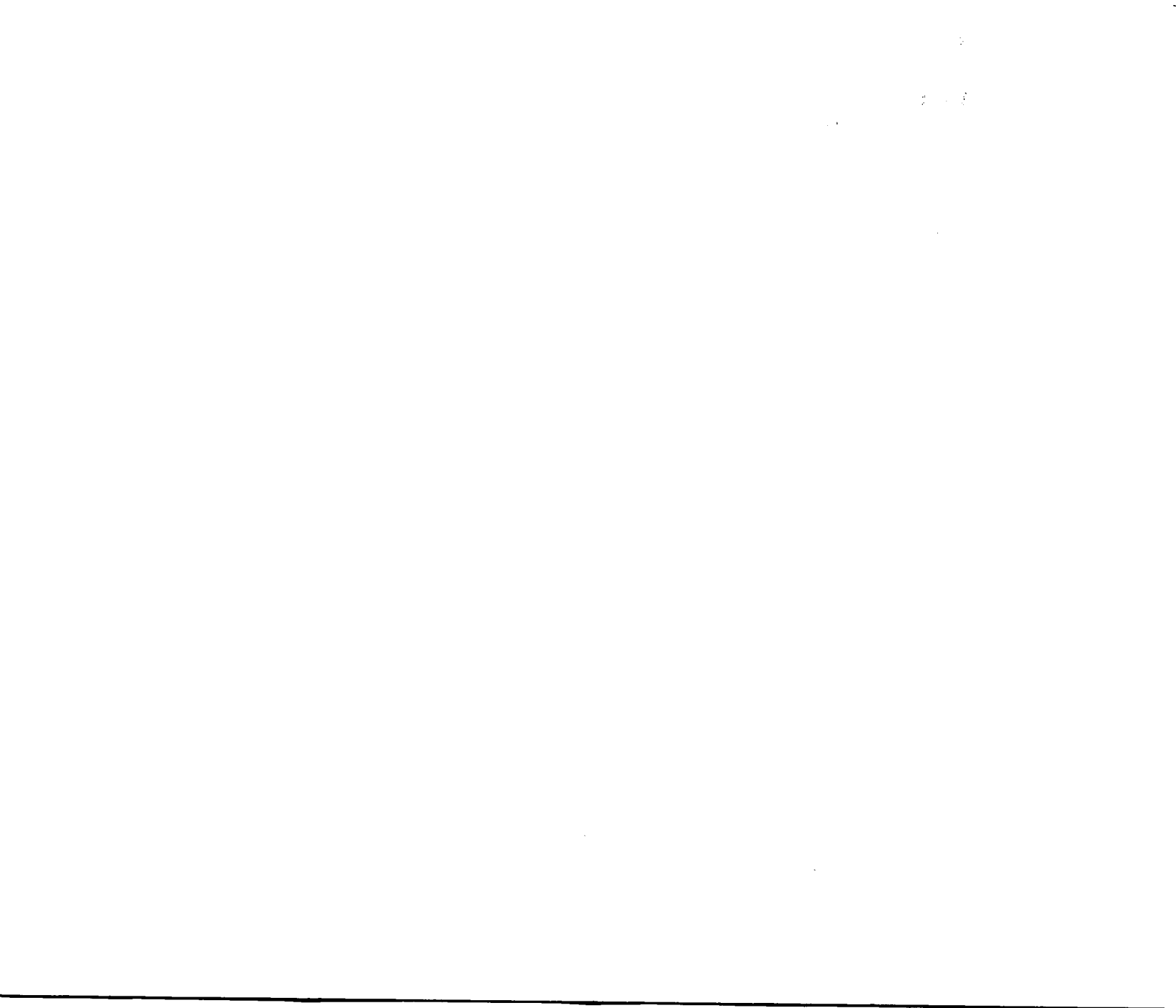
State of Idaho

State File No. 198

Local Reg. No. 36

Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <i>Blaine</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Blaine</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Blaine</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Blaine</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Blaine Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>116 1st St. Blaine</i>	
3. CHILD'S NAME (Type or Print) <i>Charles Lee Webb</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Dec. 3, 1955</i>
7. FATHER'S NAME a. (First) <i>James</i> b. (Middle) <i>William</i> c. (Last) <i>Webb</i>			8. COLOR OR RACE <i>White</i>
9. AGE (At time of this birth) <i>30</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Blaine, Idaho</i>	11a. USUAL OCCUPATION <i>Business</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Business</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>James</i> b. (Middle) <i>William</i> c. (Last) <i>Webb</i>			13. COLOR OR RACE <i>White</i>
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Blaine, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>1</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>James Webb</i>			
18a. LENGTH OF PREGNANCY <i>28</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>14</i> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Unknown</i>		20a. FETAL CAUSES <i>Unknown</i>	
20b. MATERNAL CAUSES <i>Premature rupture of membranes + placenta</i>		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>abruptio placenta</i>	
22. STATE ALL OPERATIONS FOR DELIVERY <i>abruptio</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Harmon E. Holverson M.D.</i>	
23b. DATE SIGNED <i>12-14-55</i>		23c. ATTENDANT'S ADDRESS <i>Emmett</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>James H. Kelly</i>		TITLE <i>Registrar</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	25b. DATE <i>Dec. 3, 1955</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Blaine</i>	25d. LOCATION (City, town, or county) (State) <i>Blaine, Idaho</i>
DATE REC'D BY LOCAL REG. <i>Dec. 14, 1955</i>	REGISTRAR'S SIGNATURE <i>James H. Kelly</i>	26. FUNERAL DIRECTOR <i>James H. Kelly</i>	ADDRESS <i>Blaine, Idaho</i>



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 199

Local Reg. No. 1

Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY <u>IDAHO</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>IDAHO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANGEVILLE</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>214 N. H</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY MICHELSEN</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>DECEMBER 28 1955</u>
7. FATHER'S NAME a. (First) <u>ALEXANDER</u> b. (Middle) <u>JOHN</u> c. (Last) <u>MICHELSEN</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>CALIFORNIA</u>	11a. USUAL OCCUPATION <u>SERVICE MAN</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>APPLIANCES</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>PHYLLIS</u> b. (Middle) <u>TONE</u> c. (Last) <u>MARVIN</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>SO. DAKOTA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donald J. Saltman</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u> </u> Approximate date <u>29 Aug 55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature Placental separation - multiple</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Bleeding intermittently for 2 mos.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:07</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Donald J. Saltman M.D.</u>	
23b. DATE SIGNED <u>28 Dec 55</u>		23c. ATTENDANT'S ADDRESS <u>Grangeville, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert A. Hansen</u>		23e. TITLE <u>Grangeville</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>29 Dec 1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>General Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Grangeville Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 31, 1955</u>		26. FUNERAL DIRECTOR <u>Robert A. Hansen</u> <u>Grangeville</u>	

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 200

Local Reg. No. 9200

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai <i>Division of Vital Statistics</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Post Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) Box 154	
3. CHILD'S NAME (Type or Print) Infant Boy Largent			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 19, 1955
7. FATHER'S NAME a. (First) Willard b. (Middle) W. c. (Last) Largent		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Great Falls, Montana	11a. USUAL OCCUPATION Baker	11b. KIND OF BUSINESS OR INDUSTRY Pine Bakery
12. MOTHER'S MAIDEN NAME a. (First) Velma b. (Middle) M. c. (Last) Largent		13. COLOR OR RACE White	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Post Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Willard W. Largent</i>			
18a. LENGTH OF PREGNANCY 29 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 12-7-55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Premature separation of placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Lorraine K. Brush</i>	
23b. DATE SIGNED 12-22-55		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Leon English</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12-22-1955	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
DATE REC'D BY LOCAL REG. 12-23-55	REGISTRAR'S SIGNATURE <i>Lorraine K. Brush</i>	26. FUNERAL DIRECTOR <i>Leon English</i>	ADDRESS Coeur d'Alene, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 201

Local Reg. No. 206

Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSCOW</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Whitman</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pullman</u> d. STREET ADDRESS (If rural, give location) <u>1509 Fisk St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Lapkin</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH <u>Nov 12 1955</u>
7. FATHER'S NAME a. (First) <u>David</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Lapkin</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>University</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Beverley</u> b. (Middle) <u>Jean</u> c. (Last) <u>Jefferson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sd. Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Beverly Jean Lapkin</u>			
18a. LENGTH OF PREGNANCY <u>8 1/2 mo. 6 wks</u>	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>cord around neck</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:30</u> a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Lake L. Stephens M.D.</u> 23b. DATE SIGNED <u>1-11-56</u> 23c. ATTENDANT'S ADDRESS <u>Moscow</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>David R. Tate</u> 23e. TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>11-12-1955</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gritman Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>1/19/56</u>	REGISTRAR'S SIGNATURE <u>Lain E. Angel</u>	26. FUNERAL DIRECTOR ADDRESS <u>David R. Tate Moscow, Idaho</u>	

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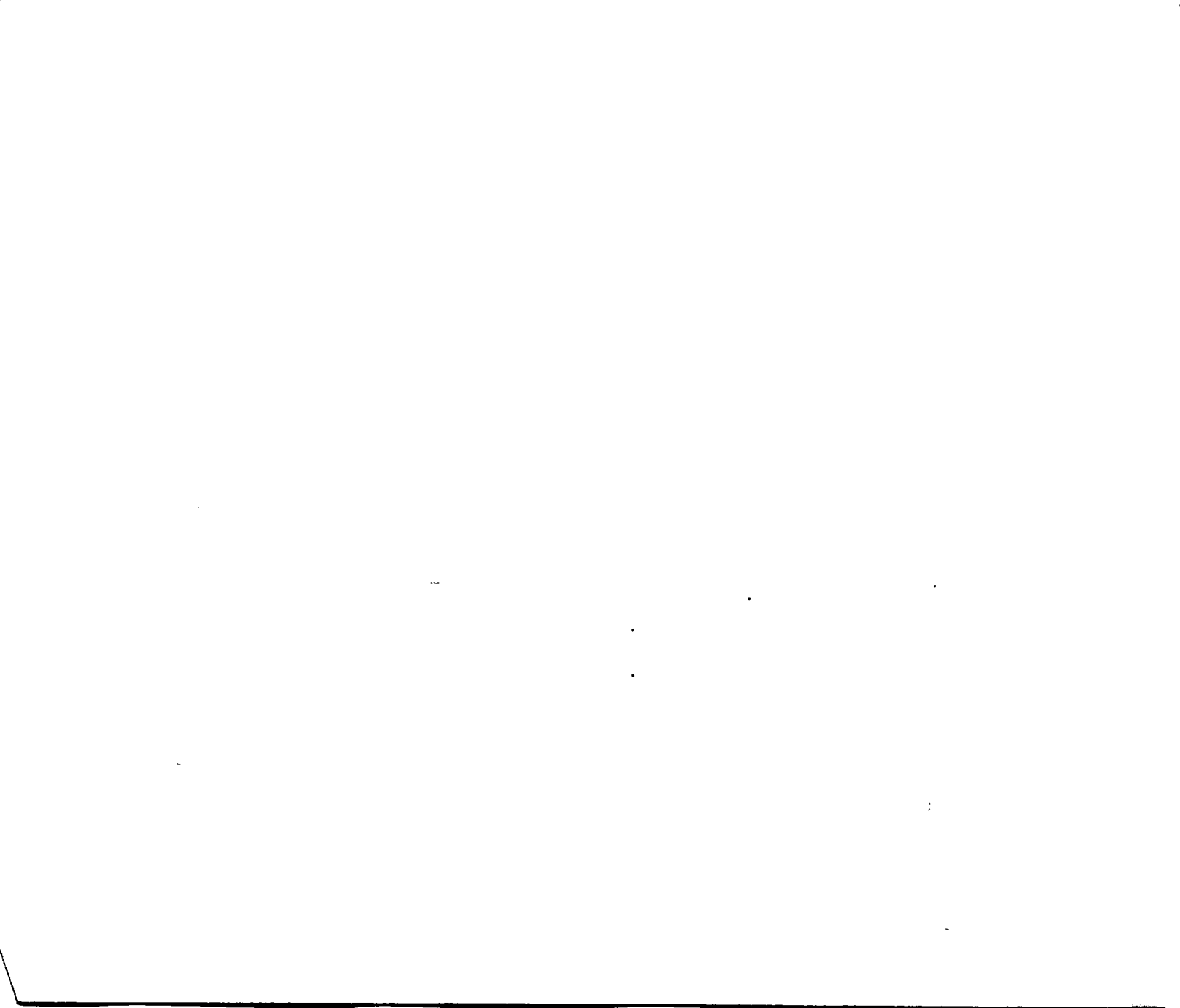
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 202Local Reg. No. 137Reg. Dist. No. 240

1. PLACE OF STILLBIRTH (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Latah</u>		a. STATE <u>Wash</u> b. COUNTY <u>Whitman</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pullman</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>916 Hawley Road</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>Kinder</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11/25/55</u>
7. FATHER'S NAME a. (First) <u>Kenneth Kermit</u>		b. (Middle) <u>Kinder</u> c. (Last) <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pullman, Wash</u>	11a. USUAL OCCUPATION <u>Build. & Grounds</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>W. S. C.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joyce</u>		b. (Middle) <u>Dorothy</u> c. (Last) <u>Broenneke</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Moscow, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Kenneth K. Kinder</u>			
18a. LENGTH OF PREGNANCY <u>8 mos. WEEKS</u>	18b. WEIGHT AT BIRTH <u>Too necrotic to weigh</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-17-55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Rh factor.</u>	
		20b. MATERNAL CAUSES <u>Rh factor.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Profuse hemorrhage</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:47 AM.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dorothy Kinder</u>	
23b. DATE SIGNED <u>11-28-55</u>		23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>	
		If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Kimball Funeral Home</u>		TITLE <u>PULLMAN, WN.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>11/25/55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pullman, Wash</u>
DATE REC'D BY LOCAL REG. <u>12/1/55</u>	REGISTRAR'S SIGNATURE <u>Lois E. Angel</u>	26. FUNERAL DIRECTOR ADDRESS <u>KIMBALL FUNERAL HOME, PULLMAN, WN.</u>	



SECURITY AGENCY JAN 16 1956

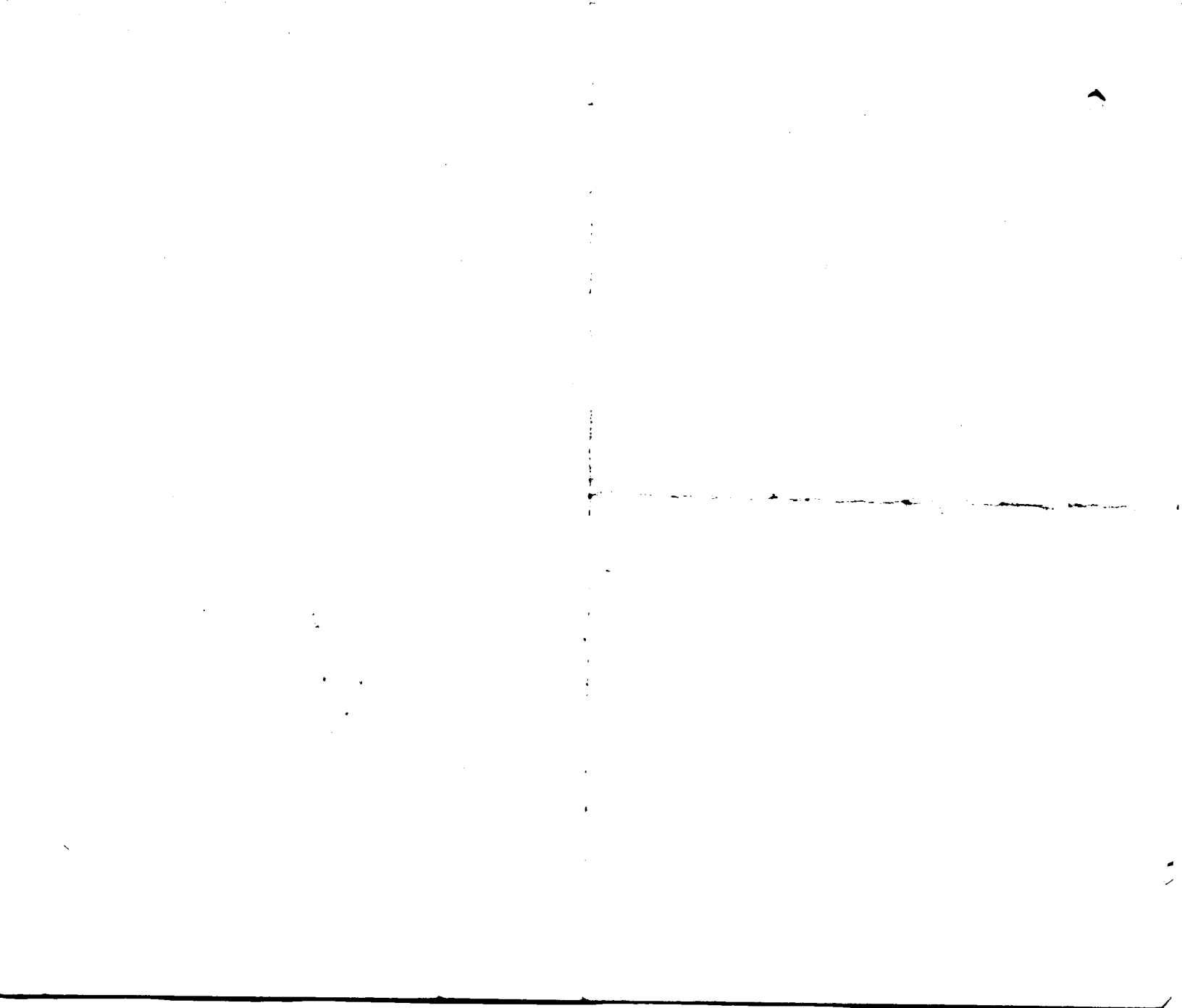
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 203
Local Reg. No. 60
Reg. Dist. No. 630

Division of Vital Statistics

Form DPH-48020



Form DPH-48020

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CERTIFICATE OF STILLBIRTH

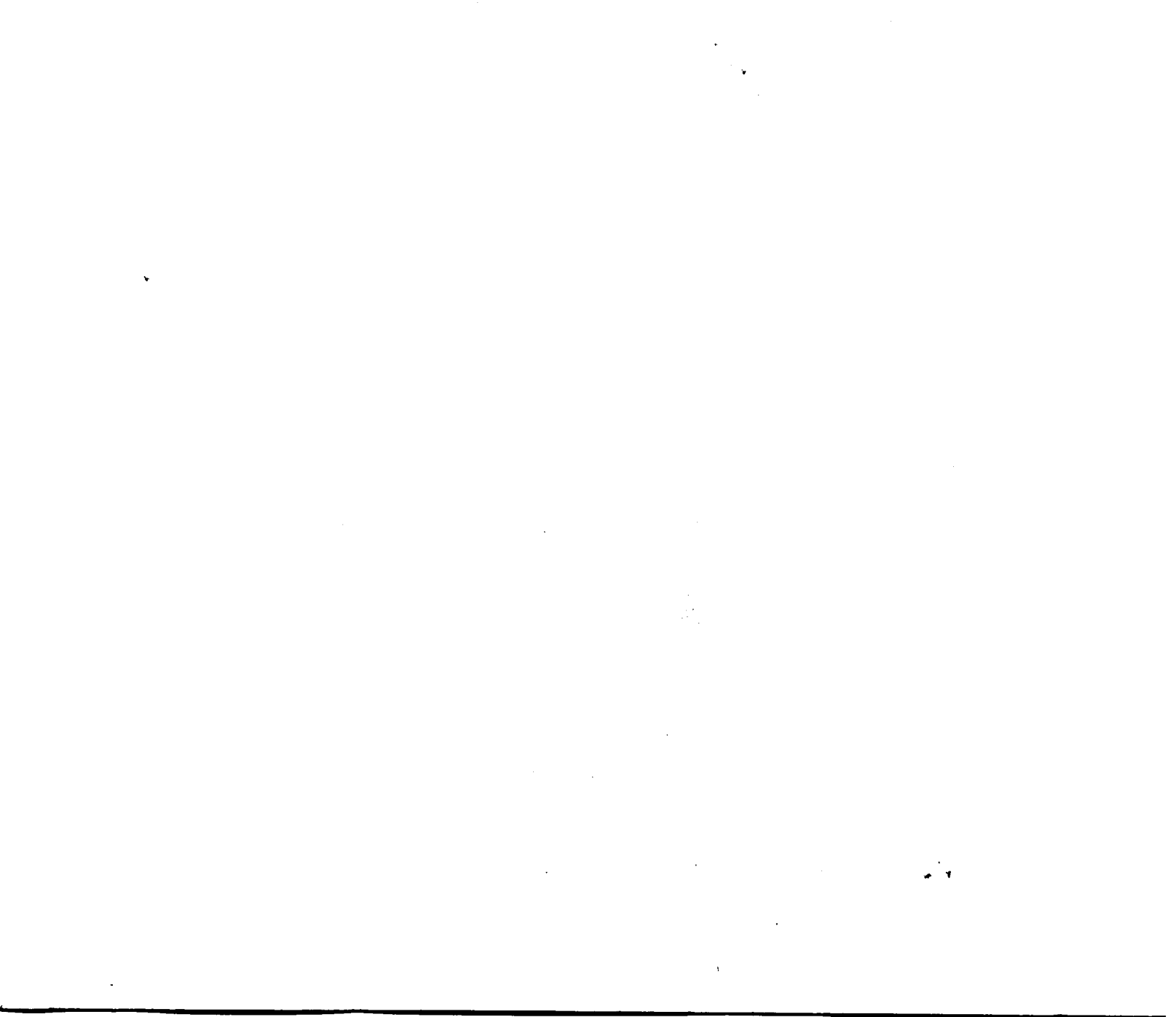
State of Idaho

State File No. 205

Local Reg. No. 933

Reg. Dist. No. 160

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kimberly</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Box 543</u>	
3. CHILD'S NAME (Type or Print) <u>Mc Drummond Baby Girl, Deborah</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>12-21-55</u>
7. FATHER'S NAME a. (First) <u>William</u>		b. (Middle)	c. (Last) <u>Mc Drummond</u>
9. AGE (At time of this birth) <u>24</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>dairyman</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Alice</u>		b. (Middle)	c. (Last) <u>Seefried</u>
14. AGE (At time of this birth) <u>21</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Swift + Co.</u>
17. INFORMANT <u>Mrs. William Mc Drummond</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Short Cord around neck & body</u>	
		20b. MATERNAL CAUSES <u>Premature Separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>See above.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Outlet forceps + Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:52 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. Ellis Knight M.D.</u>	
23b. DATE SIGNED <u>12-21-55</u>		23c. ATTENDANT'S ADDRESS <u>Kimberly, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Janora O. Janner</u>		TITLE <u>White Mountain High School</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>12-24-55</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset View Park</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec. 29, 1955</u>		26. FUNERAL DIRECTOR <u>White Mountain High School</u>	



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JAN 30 1956

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 206

Local Reg. No. 470

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 4639 Adams Street	
3. CHILD'S NAME (Type or Print) BABY BOY TUSTIN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 25, 1955
7. FATHER'S NAME a. (First) JAMES b. (Middle) ARTHUR c. (Last) TUSTIN			8. COLOR OR RACE White
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Cairo, West Virginia	11a. USUAL OCCUPATION Sup't Troy Capital, Inc.-Laundry	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) HELEN b. (Middle) MARIE c. (Last) WILSON			13. COLOR OR RACE White
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Emmett, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3	
17. INFORMANT James A. Justin			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-8-55	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Mother Hypertension Some Long Standing Placenta Previa - (Mother not hospitalized)		
	20b. MATERNAL CAUSES B.P. 235/140 at time of Preg. Controlled by 27		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Neuralgia, some bleeding from placenta - Spontaneous - Slight bleeding but spontaneous			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Carl B. Smithson M.D.		23b. DATE SIGNED 12-28-55
	23c. ATTENDANT'S ADDRESS Boise Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Cliff E. Summers TITLE SUMMERS FUNERAL HOME
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12/29/55	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 1-6-56	REGISTRAR'S SIGNATURE Myrtle Palmer	ADDRESS Boise, Idaho	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 207

Local Reg. No. 469

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1309 Lewis ST</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>12 31 55</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Bates</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Butte Mont</u>	11a. USUAL OCCUPATION <u>Flourist</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Bessie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>McConnell</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Louisburg Mo</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Mrs. Bates</u>			
18a. LENGTH OF PREG. <u>39-40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July 55</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Occult prolapse of umbilical cord -</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Abruptio Placentae Partialis</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Robert W. Brooks, M.D.</u> Specify if M. D., midwife, or other	
23b. DATE SIGNED <u>1-2-56</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Maryle Palmer</u>		25. FUNERAL DIRECTOR <u>William B. Ross (Administrative)</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>12-31-55</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Bonne, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-4-56</u>		25e. ADDRESS <u>Boise, Idaho</u>	

RECEIVED

(1949 Revision of Standard Certificate)

EB 20 '956

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 3608Local Reg. No. 360Reg. Dist. No. 360

Division of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa, Rural</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 4</u>	
3. CHILD'S NAME (Type or Print) INFANT SON EGBERT			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 30, 1955</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>-----</u> c. (Last) <u>Egbert</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Homedale, Idaho</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>King's Packing Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>LaVernie</u> b. (Middle) <u>-----</u> c. (Last) <u>Griffith</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>J. Jack L. Egbert</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u> </u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>UNKNOWN</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>F.H.T. not heard during last 3 wks.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Oakes H. Weaver M.D.</u>	
23b. DATE SIGNED <u>Feb. 14, 1956</u>		23c. ATTENDANT'S ADDRESS <u>Caldwell, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John F. Alsip, Jr.</u>		TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 6, 1956</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>
DATE REC'D BY LOCAL REG. <u>9-17-56</u>		26. FUNERAL DIRECTOR <u>John F. Alsip, Jr.</u> <u>Alsip Funeral Chapel, Nampa, Idaho</u>	

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LADY FAY
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Truck Driver

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